

A PENTADIC ANALYSIS OF A NORWEGIAN  
HEALTH COMMUNICATION OUTREACH PROGRAM

A Thesis

Presented to the

Faculty of the College of Graduate Studies

Angelo State University

In Partial Fulfillment of the

Requirements for the Degree

MASTER OF ARTS

by

MARIA HAGLAND

May 2015

Major: Communication

A PENTADIC ANALYSIS OF A NORWEGIAN  
HEALTH COMMUNICATION OUTREACH PROGRAM

by

MARIA HAGLAND

APPROVED:

June H. Smith, Ph.D.

Adria Battaglia, Ph.D.

Derek M. Bolen, Ph.D.

Jason E. Pierce, Ph.D.

April 20, 2015

APPROVED:

Dr. Susan Keith  
Dean of the College of Graduate Studies

## DEDICATION

I would like to dedicate this thesis to my mom Berit, for being the one who told me about Health West's *Everyone Shows Up* Program, and for always being very supportive, even though she lives thousands of miles away and can only give me motivating words and love over Skype. You are my biggest inspiration and role model, and I appreciate everything you do for me.

I would also like to dedicate this thesis to my other family members, especially my wonderful dad, and my brother, who have been cheering me on since the day I left Norway to go and get a degree (eventually two degrees) in the United States. You all have kept me going, and it means a lot knowing how much you believe in me, and knowing that you will be there waiting for me when I get home.

## ACKNOWLEDGEMENTS

Before I introduce what I have been working on for the past year, I would like to say that this research would not have happened if it was not for the hard work of the health care staff at Health West, their dedication and compassion for reducing no-shows and shortening the wait time for patients at Norwegian hospitals on the West Coast, and their agreement to let me write about their *Everyone Shows Up* program.

I would also like to express my deepest gratitude to everyone else who has made this thesis possible. Without your continuous support and encouragement, and without the countless of hours you have spent listening to me blabbering on about my ideas, excitements and concerns, I don't know where I would have been.

First, let me start by giving a big thank you to my committee members. I am so grateful for all the hours you have spent reading, commenting and editing my work. I know it must have been hard, having to work as fulltime professors, working on your own papers, having a life outside of work, and on top of that having to work on mine and others' thesis. You are truly super-humans, and I can't express enough how much it means to me that you said yes to be my committee members.

Derek, thank you for everything you have taught me, since my first undergraduate interpersonal communication class I had with you, until this very day. You were the one who first taught me about the theory of social construction, which really opened up my eyes to the world we live in and the type of person I want to be. Also, thank you for being so detailed when reading and editing my thesis, for pointing out errors in APA formatting, and for reminding me to always double check my references. This thesis would never have been ready if it was not for your knowledge and your sharp eye. I will never be able to thank you

enough for everything you have done for me, but I want you to know that you have made a huge difference in my life.

Adria, you possess all the qualities I admire in a person. Not only are you one of the kindest people I have met, but you are also one of the most honest, toughest and smartest people I have met. You helped me get rid of my stage fright and you helped me not be afraid of speaking English in front of people my first year here when I had you as my professor in my undergraduate public speaking class. I will also never forget how happy you made me when you asked me to go with you and Stephen to Illinois College in Jacksonville, Illinois, to meet your former students and coworkers, and help with the Free Speech convocation. And the time you let me travel with you, Kristin, Suzanna and Scott to Bryan, Texas, for the Texas A&M University Civic Dialogue and Leadership Conference. If it was not for you I would have never had those memories to look back on. For always being so positive, for all the hours you have spent on my thesis, for teaching me everything I know about rhetoric, and for helping me reach my true potential, I am deeply grateful.

Jason, although we only met a few times during this thesis process, I am very glad that you said yes to be on my thesis committee. Every time I have met with you, you have given me uplifting words on my progress, and although it is not your field of study, you have taught me the importance of being able to communicate my thoughts in a way for everyone to understand. Thank you so much for being my outside committee member and for the time you have spent reading through my thesis.

I also want to thank Jake, who might have not been on my committee, but you were the one who made me want to apply for graduate school, and you were the one who told me about the graduate assistantship in the communication department. Without you I might have

never been a graduate student at Angelo State, and so for that, and for teaching me about heteronormativity, intersectionality and so many other difficult words I would have never known the meaning of, if it was not for you, I am really grateful.

For the rest of my professors that I have had the honor to learn from during my four years at Angelo State University, thank you all so much for teaching me everything I know. I will miss each and every one of you when I leave here.

To all of my fellow graduate students and colleagues who since the first day I met them have supported me and motivated me to always do my best, to never doubt my own abilities, and to never be afraid to ask for help. Learning with you all has been one of the best experiences in my life. I will miss our discussions in class, our sharing of world views, our moments at the bars, and our many laughs behind closed doors.

Terrill, I will never forget the first time you talked to me when I was sitting on the floor in the hallway outside the graduate classroom all by myself my first day there, and how you welcomed me with open arms. I will always be thankful for the kindness you have shown me.

Stephen, Scott, Lauren, Devin and Dianah, thank you all for our many small, but significant moments together in the office when I was still working there, and thank you for being such great listeners. I will always remember how often Lauren made herself a cup of coffee, how many times Stephen came to work with a new hair color, how happy Scott was each time he got to talk about StarCraft, how I didn't need a radio because I had Devin there to sing for me, and how envious I was of Dianah who always managed to look so professional each time she came to work.

Kristin and Amanda, thank you both for our many discussions on and off campus about topics we had talked about in class, about love, and about life in general. And to the rest of my colleagues (unfortunately I cannot name everyone, but you know who you are) who helped make each class experience a fun and meaningful one, I am so glad I got to know each and every one of you. The time we got to spend together, and our many conversations in class will always be remembered and cherished.

To one of the most wonderful women I know, Roselee, whom I had the pleasure to work closely with my first year in graduate school; your encouraging words and optimistic spirit has always motivated me to do my best. I am so happy that I got to know you. Also, to everyone I have had the pleasure to work with at the Small Business Development Center, thank you all for being so supportive of me and my goals in life, and for letting me decide my own work hours to give me time to write and go to meetings with committee members. I am so glad I got to work with such a lovely group of people.

Then there is Simon, my boyfriend for 7 years. I am so lucky to have had you by my side throughout this journey in my life. I know that I have been a little bit grumpy at times (lack of sleep will do that to you), but you have always been there for me. Without you there to take out the trash, to offer to make me dinner, to ask me if I needed you to drive to Walmart and buy me energy drinks and coffee, to take me to the movies to get my mind of my thesis, and without your shoulders to cry on during my most stressful moments, there is no saying where I would have been. Thank you for your support, understanding, and for being there for me.

Finally, and most importantly, there is my amazing thesis advisor June. To her I owe a special thank you for the countless hours she has spent reading, editing, and motivating me

throughout this process. Thank you for keeping me organized and on time with my thesis chapters, and thank you for always pointing me in the right direction, for having faith in my abilities, for having patience with me, and for never doubting that I could finish my thesis in time. Also, thank you for calling me on Skype from across the globe when I spent my summer in Norway, thank you for always answering my text messages, for meeting me outside of campus, for the best glass of Moscato D'Asti I have ever tasted, for the nachos at Three Parrots, and for the strawberry margarita on rocks the weekend before by thesis defense (I really needed that). You have been the biggest support throughout this process. I hope you know how much your opinion, advice and the time you have spent motivating me to continue writing has meant for me. I will never forget how easily you managed to calm me down when I was nervous, or how you were able to make me feel good about what I had written, when I was worried it was not going to be good enough. I could have not asked for a better thesis advisor. Thank you for believing in me, thank you for pushing me, and thank you for always having my back.



## **ABSTRACT**

This thesis uses Burke Dramatism to analyze a Norwegian Health Communication Outreach Program. The program was developed to reduce the number of no-shows at the hospitals on the West Coast of Norway. *No-shows* is used for the act of people not showing up. Burke's dramatism was chosen as the method of analysis because it allows me to see the program creator's hidden motives, and the terministic screens that are not represented in the development of the program. I believe that the more terministic screens the hospitals consider when analyzing patients' behaviors, the more ways they can identify with patients and influence them to come to their appointments. The results show that Burke's dramatism can be used in analyzing health outreach programs. The analysis discovered that Health West might have focused more on the act-purpose and act-agent ratio, when they should have also added the scene-act and the agent-act ratio.

## TABLE OF CONTENTS

DEDICATION .....	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	ix
LIST OF TABLES .....	xiii
CHAPTER 1 INTRODUCTION .....	1
CHAPTER 2 LITERATURE REVIEW.....	7
Part 1: International No-Shows.....	7
No-show behaviors in Norway. ....	11
Part 2: The Use of Textual Analysis in Health/Organizational Research.....	15
Rhetoric and Kenneth Burke. ....	15
Burke's dramatism. ....	18
Grammar of motives, terministic screens and the pentad.....	18
CHAPTER 3 METHOD AND APPROACH.....	24
CHAPTER 4 THE PENTADIC ANALYSIS OF <i>EVERYONE SHOWS UP</i> .....	29
Phase 1 – Statistical Analysis .....	29
Phase 2 – Representation.....	36
Phase 3 – The Pentadic Analysis.....	39
CHAPTER 5 RESULTS, DISCUSSION AND CONCLUSION.....	42
Results .....	42
The controlling ratio. ....	42
Other rhetorical strategies in the program. ....	44

Discussion .....	46
Masculinity and health care .....	46
Changing men’s health behaviors.....	49
Other strategies to get everyone to show up.....	50
Conclusion.....	52
REFERENCES .....	54
APPENDIX A .....	60
The Web Site .....	60
The Appointment Letter .....	62
Appointment Letter Attachment.....	64
Text Message Reminders .....	67
Articles and Other Digital Communication .....	68
APPENDIX B .....	105

## LIST OF TABLES

Table 1: Ling's Conclusion 1 on Kennedy's Speech .....	21
Table 2: Ling's Conclusion 2 on Kennedy's Speech .....	22
Table 3: The Pentadic Elements of <i>Everyone Shows Up</i> .....	37
Table 4: Possible Terministic Screen of Young Men .....	38
Table 5: Pentadic Ratios in <i>Everyone Shows Up</i> .....	105
Table 6: Words and Phrases Mentioned the Most .....	107
Table 7: Words and Phrases Mentioned Often .....	109
Table 8: Words and Phrases Mentioned a Few Times .....	111

## CHAPTER 1

### INTRODUCTION

According to Deloitte's global health care outlook for 2014<sup>1</sup>, there have never been more challenges globally within health care than there are today (Deloitte is a global network of dedicated professionals in independent firms). One of the challenges countries around the world are facing is the very high cost of health care for payers and providers in private and public settings. According to Deloitte's report, a survey conducted by Commonwealth Fund in 2013 shows that the United States spends \$8,505 on health care per person, which is approximately \$3,000 more than the second-highest spender-Norway. Deloitte cites the Economist Intelligence Unit, who estimated that as a percentage of gross domestic product global health care costs will average 10.5 percent in 2014. Among well developed nations such as the United States of America, the United Kingdom, Germany, France and, Norway, health comes in as the second largest government spending category after social protection. Because so much money is spent on health care globally, seeking efficiencies within the health care model will eventually reap real rewards. One element that causes economic problems worldwide is that a large amount of patients do not show up to their scheduled clinical appointments.

In 2012, Western Norway Regional Health Authority, also called Health West, undertook an examination of the no-show rate of their patients on the Norwegian West Coast.

---

Communication Monographs

<sup>1</sup> Deloitte. (2014). 2014 global health care outlook shared challenges, shared opportunities. Retrieved from <http://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/dttl-lshc-2014-global-health-care-sector-report.pdf>

Health West is a government-owned regional health authority, based in the city of Stavanger, responsible for operating five health trusts on the west coast. These trusts control nine hospitals in the counties of Rogaland, Hordaland, and Sogn og Fjordane. The results from this research showed in that year alone, 430,000 planned patient consultations had to be planned all over again and rescheduled, 82,000 people never met their hospital appointments, 127,000 people wanted to reschedule their appointments, and 47,250 patients were placed on a waiting list (e.g., “Om prosjektet alle møter“ n.d., para. 2).<sup>2</sup> To really understand how large this number is, it is necessary to mention, that the population size of Norway in 2012 was 5.091 million. Aside from the economic disadvantages these individuals who do not show up for their scheduled appointments create, they also present several other negative outcomes for both clinics and patients. When people do not show up to their appointment and do not give an early notice, other patients, who could have taken those appointment slots, have already been moved back to later dates for their care. No-show patients' care must also be rescheduled, the clinic time is not used efficiently, and both the regular patients' care and the no-show patients' health may be jeopardized. Therefore, creating an effective persuasive appeal to reduce no-shows is necessary and useful world-wide in increasing the overall access to health care and improving the efficiency of health care facilities.

A field of study that emphasizes the need for these persuasive appeals in health care issues, and focuses on how health information is produced, spread, and how it affects people, communities, and even politics, is health communication. In 2009, health communication

---

<sup>2</sup> This article is a Norwegian online source found at: Helse Vest RHF. (n.d). Om prosjektet alle møter. Retrieved from <http://vestlandspasienten.no/om-alle-moter>

received its first chapter in the *United States of America's Healthy People 2010 Objectives* for being relevant in virtually all aspects of health and well-being and for creating important social change (Rimal & Lapinski, 2009). It is important that public health professionals can identify different methods that will motivate individuals to take notice of and use health information. Health communication has, in many cases, helped the political and social environment become more supportive of healthier practices, improved the likelihood of preventive health practices, and the increased performance of health services (Storey, Saffitz, & Rimon, 2008).

Health communication is the practice of using tactics and strategies based on consumer research and science to create health campaigns, products, programs, and interventions that will communicate promotional health information and promote important health changes in people (Centers for Disease Control and Prevention).<sup>3</sup> Public communication campaigns are defined as

purposive attempts to inform or influence behaviors in large audiences within a specified time period using an organized set of communication activities and featuring an array of mediated messages in multiple channels generally to produce noncommercial benefits to individuals and society. (Rice & Atkin, 2013, p. 3)

In other words, health communication is not only meant as a way to inform audiences but also a way to persuade them to change their health behaviors. For a health communication campaign to work, and to change the behavior of individuals who do not show up for their

---

<sup>3</sup> Center for Disease Control, (2011). What is Health Communications? Retrieved from <http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>

scheduled appointments the campaign will need to include addressing the attitudes and external structures currently not taken into account by clinic practitioners. Strictly speaking the campaign builders will need to first find, and then address the factors that the health personnel are not seeing.

One attempt at such a public health campaign will be the focus of this thesis. The program *Everyone Shows Up* (Norwegian: *Alle Møter*) is a direct response to the 2012 Health West's findings about their large number of individuals not showing up to their appointments at the hospitals on the West Coast of Norway. The program had two goals. The first goal was: to create a better way of communicating with patients, motivating them to change their current behavior and come to their appointments. The second goal was to create an effective way of organizing and planning hospital procedures in order for the clinics to make full use of their time (e.g., "Om prosjektet alle møter" n.d., para. 3).<sup>4</sup> This thesis will explore Health West's program creators' attempt to do something about this problem, and the growing success *Everyone Shows Up* seems to have had in the community. In particular I will offer a rhetorical analysis of the method, language, and motives used to persuade patients to show up to their appointments.

Weis (1998) believes that an analysis and evaluation of persuasive health campaigns like the one that Health West is trying to create are important for several reasons. First, evaluation is important because it will help identify better ways for increasing participation in a program. Second, evaluation may help identify the most effective methods in creating a

---

<sup>4</sup> This article is a Norwegian online source found at: Helse Vest RHF. (n.d). Om prosjektet alle møter. Retrieved from <http://vestlandspasienten.no/om-alle-moter>



powerful change. Finally, evaluation can help identify who might benefit the most from intervention, and change the content of a specific program to improve its outcomes. Glasgow and Linnan (2008) also noted, “evaluation results may contribute to the development of new knowledge, that creates new theory, refines existing theory, or contributes to the evidence base for intervention effectiveness” (p. 488). By offering a rhetorical analysis of a completed campaign, such as Norway's largest health communication outreach program *Everyone Shows Up*, and utilizing Kenneth Burke's (1966, 1969a, 1969b) pentad (an instrument that helps us interpret a rhetor's motives in a persuasive appeal) to explore the strengths and weaknesses of the program, I hope to contribute to the design of a more effective public health campaign.

In Chapter One, I introduced the problem of health care cost internationally, and how patients who do not show up to their scheduled appointments contribute to this issue. Then the chapter talked about the importance of creating a persuasive appeal that can change this specific health behavior in patients, and the need for health communication to help implement persuasive appeals in health care campaigns. More specifically Chapter One reviewed the issue of patients not showing up to their appointments in Norway, and Health West's attempt to create a persuasive health outreach program that can reduce these no-shows. Furthermore, it explained the importance of evaluating persuasive campaigns like the one of Health West's to help create better public health campaigns in the future. And finally in this chapter I said I will use Kenneth Burke's rhetorical analysis called dramatism as my method of evaluation.

The next chapter gives a broader description of the international problem of patients not showing up to their appointments, and of the health outreach program *Everyone Shows*

*Up*. Further it talks about rhetoric, Burke's Dramatism, and the importance of the grammar of motives (the Pentad), before it goes on to Chapter three, the methodology section explaining the process of how the dramatistic instruments will be used in my analysis of *Everyone Shows Up*. In the fourth chapter I analyze the program and its artifacts by the use of Burke's pentadic analysis and Conrad's cluster analysis as an organizing tool. Eventually, in the final chapter of this thesis I will discuss the implications of the analysis and what this means for the *Everyone Shows Up* program.

## **CHAPTER 2**

### **LITERATURE REVIEW**

There is much available research on hospital no-shows around the world, and there are several proposed reasons for why people do not show up to their appointments. In the first part of this chapter I will review these findings, as well as Health West's own results from their internal investigation in 2012. In the second part of Chapter Two, I will cover what rhetoric is and give an introduction to Burke, and why he is important for the field of rhetoric and this paper, before I go on explaining Burke's dramatism and the key concepts that are associated with it.

#### **Part 1: International No-Shows**

At a time when the world is becoming more globalized than ever before, and diseases have an easier way of spreading across national borders, taking care of your health has never been more important. Our human existence relies on our ability to take our health seriously when opposing factors are trying to tell us to focus on other, materialistic needs instead. The World Health Organization points out the increasingly importance of an international society that works together on public health actions to build a much safer future for humanity.<sup>5</sup> An important health challenge that has received too little notice is the tendency of people to not show up to their appointments. Because of the obvious importance of early disease detection, these no-shows deserve more attention to them than they are currently getting.

---

<sup>5</sup> World Health Organization.(nd). What we do. Retrieved from <http://www.who.int/about/what-we-do/en/>

There is a negative impact on patient care, learning opportunities, and productivity when patients who schedule clinic appointments fail to keep them (Lacy, Paulman, Reuter, & Lovejoy, 2004). Missed appointments interfere with appropriate care, is a loss of provider time and revenue, a drain of medical and administrative resources, an interference in the health care provider-patient relationship, and it contributes to poor utilization of equipment and health care personnel (Murdock, Rodgers, Lindsay, & Tham, 2002; Smoller, McLean, Otto, & Pollack, 1998; Pesata, Pallija, & Webb, 1999; Humphreys et al., 2000; Hashim, Franks, & Fiscella 2001; Perron et al., 2010; Barron, 1980). In addition, patients' failure to attend increases the time others must wait to see a hospital specialist, which creates delay of needed care (Barron, 1980). The delay in care happens because the no-show appointment will most likely not be used by anyone else at short notice and the no-show patient will be given the next appointment on the list. Murdock et al. (2002) also argued that "a delay in presentation and therefore diagnosis, or haphazard monitoring of chronic conditions will predispose to avoidable ill health" (p. 284). That is to say, many patients could have avoided getting sick or being delayed in this diagnosis, if the person who did not want to show up or could not show up, either changed their mind and went to their initial appointment after all or called and cancelled or rescheduled in advance.

The characteristics of those who do not up to their appointments have been identified as being younger, male, of lower socioeconomic status, have a history of substance abuse, divorced or widowed, and being asylum seekers or refugees (Moore, Wilson-Witherspoon, & Probst, 2001; Lacy et al., 2004; Perron et al., 2010). It is further suggested that psychiatric patients diagnosed with schizophrenia, schizoaffective disorder, and bipolar affective illness are also less likely to show-up to their appointments (Killaspy, Banerjee, King & Lloyd,

2000). Environmental and demographic factors, such as not having health insurance, poor adherence to psychotropic medications (mood altering drugs that effects mind, emotions and behaviors), homelessness, and the distance people live from the clinic, are also on the list of reasons for not showing up (Mitchell & Selmes, 2007). In Norway patients do not need insurance. They have a “free” health care program for all their citizens (each citizen pays taxes that go towards these social benefits).

There can be many reasons behind these people not showing up to their appointments. The proposed reasons for why asylum seekers are among the characteristics are their socioeconomic status, linguistic difficulties, as well as other issues with communication. In addition to linguistic difficulties, different ethnic group’s religious practices and holidays are also possible reasons for why some individuals do not show up to their appointments (Gatrad, 2000). The no-show population also has a history of psychosocial problems, already missed appointments, and is less likely to understand the purpose of the appointment. When somebody has psychosocial problems, it means that both psychological and social factors have influenced their mental health. These people might have difficulties communicating with others, or just functioning in social situations in general. This would be the people with substance- related disorders, like drug and alcohol addictions, with psychotic disorders like schizophrenia, anxiety disorders such as panic disorder, somatoform disorders (meaning unexplained, clinically significant physical symptoms), eating disorders, adjustment disorder (reacts badly to stressful events), personality disorders like being paranoid, and infancy or adolescence diagnosed disorders like the Attention Deficit Hyperactivity Disorder.

Mitchell and Selmes’ research indicates that the younger patients are more often than others receivers of health care and social benefits (because of their own incapacity) and are

more likely to have psychosocial problems. Younger adults might also not fully understand the value of money, especially if their parents are the ones paying for their health insurance, or if they pay fewer taxes than full-time working adults that go toward their health care. Mitchell and Selmes (2007) support the idea that psychosocial problems can be significant in the study of no-shows. They believe that high trait anxiety, lower social desirability scores, personality disorder, substance misuse and neurotic disorders are factors behind these people not showing up to their appointments. In addition to these “symptoms”, poor communication and disagreements about a hospital referral between the referring practitioner and the patient about the value of psychiatry is also a main reason for patients not following up and going to their appointment.

In the patient interviews conducted by Lacy et al. (2004), 22 (65 %) of the 34 participants mentioned that their main reason for not showing up to their appointments were emotional barriers. In other words, the negative feelings about going to see a doctor were at times greater than the perceived benefit of showing up to their appointment. Fifteen participants (44%) said that another reason was because of the lack of respect they received from the health care staff, in that they did not seem to care about the patient’s opinions or feelings and that they discounted the patient’s time by long waits in the waiting room. Here, waiting was one of the ways they felt that disrespect was communicated to them. They had to first wait for an appointment, then wait in a waiting room, and finally wait in the examination room.

The two last no-show reasons mentioned during the interview according to the patients themselves were the lack of understanding of the scheduling system, and problems with transportation because of where they lived. As many as 41 percent of the participants

mentioned that they had no idea what happened at the clinics if they failed to show up to their appointment, and instead of seeing a no-show as something negative, most of them believed it to be positive for the clinician and the staff because “they can just go on to the next patient.” The interview findings are also supported by the research of Neal, Hussain-Gambles, Allgar, Lawlor, & Dempsey (2005) who says that besides citing their own forgetfulness, patients cite practice factors as the other main reason for why they do not show up to their appointments.

Scheduling a follow up appointment a year in advance is another important factor that increases the no-show rate (Beau & Talaga. 1992; Gallucci, Swartz, & Hackerman, 2005; Stone, Palmer, Saxby, & Devaraj, 1999; Moore et al., 2001). The longer patients have to wait between the scheduling and the actual appointment, the lower their satisfaction with the health care system and the higher their chance of the patient not keeping their appointment. This will not only carry on the delayed health care for this patient, but for other patients as well.

**No-show behaviors in Norway.** A country that recently started to look for a way to do something about this important, but easily ignored issue is Norway. Norway is split up into different health regions, where one main hospital in each area is in charge of several other hospitals. *Health West* took on the task of doing something with their large number of individuals who does not show up to their appointments, and they named this program *Everyone Shows Up*.

According to Health West, the long term goals of the *Everyone Shows Up* program in Norway are to provide better service for the patients, avoid a violation of the patient treatment deadline (the deadline health practitioners in Norway have on how long patients

should need to wait to get an appointment), reduce the wait, treat more patients within the scheduled time-frame, and take full use of their infrastructure and capacity. Before they could start to make this happen, a more thorough investigation about their no-shows had to be conducted. This investigation took place in 2012.

Health West's investigation showed somewhat similar results to what the already mentioned American/English researchers have found. Their analysis showed that the people that tend to not show up to their appointments are more often men than women, aged 20-40, living in the more rural areas outside of the city, and somatic and psychiatric patients. Additionally, Health West found that there was no system that facilitated a way for people to be more active in their own health care, that there was no channel they could use to check the health information about themselves, there was very little access to computers for both health personnel and patients, and no free Wi-Fi connections at the hospitals.

This is the data that was important for Health West to have in mind when creating the health communication outreach program *Everyone Shows Up*. Some questions are, did Health West take into consideration these findings when they created the *Everyone Shows Up* program and the different projects within it? Did Health West do something about the negative feelings some people have about going to a doctor? Did they do something that would make the patients feel more respected by the health care staff? Did they do something about all the waiting patients have to go through to get to their appointment? Did they make the scheduling system easier to understand? Did they do something with transportation to and from the more rural areas? Did they do something that better explains to patients what happens if they do not show up? Did they schedule follow up appointments within the next few months? Did they find a better solution to get somatic and psychiatric patients to show



up to their appointments? Did they ask men, aged 20-40 what is the reason that they do not show up to their appointments? Did they do something about the forgetfulness of their patients? These are issues we will look at later in this thesis. There is not just one single factor for why there are so many no-shows in the world. No person is the same, and for a health communication program to work, it has to address as many underlying factors as possible. What previous research on no-shows, as well as Health West's own results might be telling us is that perhaps it would be beneficial and helpful if both patients and the health care professionals have access to the same scheduling software, so that the patient could schedule a new appointment while sitting in the waiting room, together with the practitioner before the patient leaves the examining room, or that the patient can schedule a new appointment themselves after he or she gets home.

Because research also suggests that communication between health care professionals and patients can be the reason behind patients not showing up, one could also set the scheduling software so that health care professionals are able to contact and remind their own patients personally through an online reminder system, so that the message feels more personal between the doctor they are seeing and themselves. In addition to Wi-Fi access at the hospitals, it is important to actually ask the patients if they have access to a computer or another device with internet service, so that the office personnel/schedulers, physicians etc. know which reminder method will work or will not work for each patient and make a note in the patient-file before they leave.

Some of the most popular and effective ways to reduce wasted physician time and lengthy waiting lists are believed by other health care researchers and critics to be interventions using traditional methods like reminder calls, mailed appointment reminders,

and text message reminders (Lacy et al., 2004; Murdock et al., 2002; Humphreys et al., 2000; Perron et al. 2010; Hashim et al., 2001; Killaspy et al., 2000; Bean & Talaga, 1992; Moore et al., 2001; Wilkinson, 2012; O'Brien & Lazebnik, 1998; MacDonald, Brown, & Ellis, 2000; and Bamford, Booth, McGuire, & Salmon, 2004). Open access scheduling systems or electronic booking systems have also been identified as the ultimate goal of several health care organizations.

Some people tend to leave before seeing a health care provider because of their negative response to the waiting time once they get to the clinic. Perhaps this can be solved by an electronic booking system that allows patients to check the waiting time before leaving for their appointment. Other methods that have shown some effectiveness are new-patient education and education about medical conditions through a variety of sources such as open communication between physicians and patient and mass media, transportation, and child care initiatives. It is believed that no-show patients tend to forget appointments. What these patients might need is a timely reminder message to remember to go to their appointments. Reminding patients 24 hours earlier might increase cancellations that, in turn, can be used to schedule other patients. These reminders are also cost-effective compared to other methods.

The way that Health West eventually tried to decrease their number of no-show patients was to create a sequential communication system. In addition to receiving the original appointment letter in the mail, the patient would receive a text message reminder at the day of the scheduling and 72 hours prior to the appointment. Then, patients who have a higher risk of not showing up would receive a personalized call from the hospitals calling center reminding them of the appointment. They also created an innovative online

appointment scheduling system, where patients can check and change their appointments from any computer, tablet computer, or phone with internet access.

There is a lack of evidence for effective interventions that can improve attendance in primary care (George & Rubin, 2003), and there is a strong need for specific interventions that can reduce this non-attendance and create new approaches to health care access.

Simpson and Freeman (2004) believe that if we wish to change important health care behaviors, communication research on health promotion and health care must investigate not just the obvious, but the psychological, situational and societal factors behind a behavior to find the hidden dynamics of health related issues. Although Health West has already tried to solve the problem of people not showing up at their hospitals by the use of these techniques, there is a serious need for applying appropriate rhetorical theory to this issue because of key economic and health importance worldwide.

## **Part 2: The Use of Textual Analysis in Health/Organizational Research**

Many scholars support the idea of textual analysis in health or organizational research. A textual analysis can be anything such as discourse analysis, content analysis, interaction analysis and rhetorical criticism (Frey, Botan, & Kreps, 2000). Textual analysis has normally been used on existing texts such as articles, newspapers, books, films, videos and even websites (Hoff & Witt 2000). Rhetorical criticism is a textual analysis method that describes, analyzes, interpret and evaluate forces of persuasion hidden within texts (Frey et al., 2000).

**Rhetoric and Kenneth Burke.** This thesis will utilize a rhetorical analysis because a “rhetorical analysis provides a range of relevant analytic strategies for analyzing the influences of communication on health care and health promotion and has the potential for

uncovering underlying influences on health processes” (Kreps, 2008 p. 4). More specifically, the theory I will use is Kenneth Burke’s dramatism. Burke is a very influential modern day rhetorician who found a new way to expand our understanding of why human beings use rhetoric and how they use it for their advantage (or to help others). He gave the world a tool to analyze discourse and language with, which has proved itself to work in many different fields to analyze many different types of artifacts. Burke differentiates between animals and humans by saying that "...[Human beings are] the symbol-using (symbol-making, symbol-misusing) animal.” And, Burke adds that people are the “inventor of the negative (or moralized by the negative), separated from his [or her] natural condition by instruments of his [or her] own making, goaded by the spirit of hierarchy (or moved by the sense of order), and rotten with perfection” (Burke, 1966, p. 16). To put it another way, humans have the ability to not only create symbols, but also to use and misuse symbols as they wish. This ability to make a moral choice is the main distinction from action and motion, and is also what makes the feeling of guilt a part of our lives. Because rhetoric gives us a way to act, humans have created laws, moral rules and principles to manage and govern the choices we make. Hierarchy is created by use of symbols. Borchers (2006) says that it is through word-choices people arrange themselves in groups, structures, organizations and social orders.

Kenneth Burke (1969b) defined rhetoric as “the use of language as a symbolic means of inducing cooperation in beings that by nature respond to symbols” (p. 43). With this he means that rhetoric is the action of using our language and symbol systems to get people to go along with what we are saying. If you manage to get someone to cooperate with you through the use of symbols, you have obtained what Burke calls identification. Identification is what happens after a successful persuasive appeal. It is where the speaker attempts to

identify with the listener to get the listener to do what the speaker wants. Borchers (2006) discusses Burke's notion of identify and says that "ultimately, rhetoric, seen as the desire to identify with others, is a moralizing force in our culture," and that "the desire to identify with others leads us to conform to what is accepted in society" (p. 150). Borchers also distinguishes Burke from previous rhetoricians because instead of merely studying the effects of rhetoric, Burke "viewed rhetoric as creating realities in which we must operate" (p. 144). According to Borchers, Burke said that rhetoric not only created the social structures and rules in our society, but it is continuously being used to navigate through these already established societal structures. The world we know, and the picture we have of our reality is but a construct of our human-made symbol system.

Rhetoric "tells us what reality is," and the labels and framework we choose to apply to what we encounter in our lives "influences our perceptions of what we experience" and thus the kind of world we live in (Foss, 2009, p. 5). That is to say, Burke and other rhetoricians believe that language is what defines what we believe is right and wrong, good and bad, normal and strange. Within our symbol use is the concept of naming, or defining. Every time we use symbols, we identify something or someone in a way that helps distinguish them from something else. Each name we use contains 'attitudes' towards the objects or people we are naming, and every time we define things, we "define them in terms of what they are not" (Borchers, 2006, p. 147). This naming suggests to others the position we have towards the object and how we want other people to view the object. Burke is interested in how language shapes what we think reality is, he believes that everything we know is taught to us through language, and that understanding "a grammar of motives" is essential and necessary for us to be aware of the social construction of language. One of

Burke's most influential works for analyzing human relationships and finding out their motives is the theory I will be using, called dramatism.

**Burke's dramatism.** Burke's dramatism is a critical technique that is "interested in how language functions to create and maintain communities of individuals" and is "the study of how language and other symbol systems creates the rhetorical world in which we live" (Borchers, 2006, p. 144). The concept of motive is the very foundation of dramatism. In *A Grammar of Motives*, Burke (1969a) explains dramatism as a method of analysis where the critic's attention is focused on which words are used to describe what someone is doing and why they are doing it. He believes that life is like a drama, and that by looking for actors' (people's) particular type of motivation in discourse and action (their thoughts and language use), we can discover their motives.

**Grammar of motives, terministic screens and the pentad.** We need a grammar to help us unlock motives. We need Burke's pentad. The pentad is an instrument that helps us interpret and understand people's motives and productively talk about terministic screens. Terministic screens are what our systems of motives serves as, and Burke created this concept to help explain how language and our ideology are connected. It is a set of symbols that becomes the screen we look through when making sense of the world. We come to see the world as our symbol systems enable us to see it. A terministic screen is a perception of our reality. Each person's perception of reality can be different depending on what screen he or she is looking through (which pentadic element/term they are emphasizing). It tells us how we see an event or a person.

The pentad is a grammar of five key terms, or what Crable and Makay (1972) calls "five motivational points of views," through which one can explain the motivation in

symbolic action. These motivational points of views are act, scene, agent, agency, and purpose. Act means what was done. Scene means the location and context of the act. Agent means the individual or group that performed the act. Agency is the method used to perform the act. Purpose means the goal of the act. Burke (1969a) says that for something to even be considered an “action” it has to include (a) an act, (b) taken on by an agent, (c) within some context or scene, (d) by the use of some sort of agency, (e) for a purpose. It is first when something is considered to be an “action” a rhetorical critic can use the pentadic terms to find the rhetor’s motivation.

Burke (1966,1969a) believes strongly that every human being describes a human situation by focusing on particular elements of the pentad. But, because the pentadic elements are interconnected through what Burke calls the grammar of motives or the structure in action, our understanding of one of the terms is tied to our understanding of all of them (Rountree, 1998). How a term shapes or interprets other terms depends on the terministic relationship between them. In dramatism this interrelationship is called a ratio. When we accept a characterization or quality of one of the terms, we “grammatically” limit potential interpretations of the rest of them. Say that we have accepted the action of raising your hand in the air when you have a question for the teacher in class. All other actions in this situation, such as yelling “Hey! I have a question!” will be interpreted as strange, and as something negative. In other words, the relationship among grammatical terms also function as what Burke calls rhetorical constraints (Rountree, 1998). These constraints do not tell us what to do, but they shape the interpretation of our actions.

Burke (1966) claims that language does not simply reflect reality; it can also help us select reality and, by that, deflect reality. Because humans are symbol-making/using beings,

we cannot view the world outside of our terministic screen (Burke, 1966). The terms we use create our screens for us because they function as a system of motives we buy into. This means that as long as we are directing our attention one way rather than the other (Burke, 1966), we will never come closer to a broader understanding of why an action occurred.

When a person features certain terms of the pentad one can also figure out which philosophic school they belong to. These philosophic schools are (a) materialism, featuring scene, (b) idealism, featuring agent, (c) pragmatism, featuring agency, (d) mysticism, featuring purpose, and (e) realism, featuring act (Burke, 1969a).

Furthermore, Burke (1969a) argues that if we include a thorough investigation of all the pentadic elements in our analysis, as well as the interrelationship (ratio) between them, we will find out which terministic screen was used, what motives were featured, and which realities or narratives were deflected because of it. Not only do rhetors try to draw attention to certain terms (and pull the attention away from others), but they also suggest how two terms relates to one another in terministic relationships, which can have notable implications for our interpretations of motives. When investigating the elements, and analyzing terministic emphases, critics may often find that references to the elements appears in different forms. The critic must for example be careful not to only look for words that have a clear association to scene (or any of the other terms) but also to look for indirect words that would function within a grammar of motives as scene.

An example to illustrate how Burke's dramatism works is Ling's (1970) "A Pentadic Analysis of Senator Edward Kennedy's Address to the People of Massachusetts July 25, 1969." In his essay, Ling analyzes, by the use of the pentad, Senator Edward Kennedy's



rhetical choices when addressing the people of the state of Massachusetts about the events surrounding the death of Miss Mary Jo Kopechne. Ling argues that

...if persuasion is viewed as the attempt of one man to get another to accept his view of reality as the correct one, then the pentad can be used as a means of examining how the persuader has attempted to achieve the restructuring of the audience's view of reality (Ling, 1970, p. 83).

It is by the use of the pentad we will see the worldview in which the persuader wants the audience to accept, and it is after one understands the speaker's view one can make a judgment about its adequacy and appropriateness. In his pentadic analysis, Ling establishes two conclusions after conducting two separate pentadic analyses. The first conclusion identified the following elements of the pentad:

Table 1

*Ling's Conclusion 1 on Kennedy's Speech*

The Scene	The events surrounding the death of Miss Kopechne
The Agent	Kennedy
The Act	Kennedy's failure to report immediately the accident
The Agency	Whatever methods were available to make such a report
The Purpose	To fulfill his legal and moral responsibilities

Then the entire speech was then analyzed to see which elements were emphasized the most and mentioned the most times in each section of the speech. The first conclusion was that Kennedy's speech minimized his responsibility for his actions after Miss Kopechne's death, and that he was a "victim of the scene". He did this by directing the attention towards the

dangerous scene, and drawing the attention away from the other terms, like the agent (him as responsible for the accident), agency (drinking and driving) and so forth.

Then, the second conclusion identified the following different elements of the pentad:

Table 2

*Ling's Conclusion 2 on Kennedy's Speech*

The scene	Current reaction to the events of July 18 <sup>th</sup>
The agent	The people of Massachusetts
The act	Kennedy's decision on whether to resign
The agency	Statement of resignation
The purpose	To remove Kennedy from office

Again, after analyzing the entire speech and looking for the emphasized words, the second conclusion was that responsibility for Kennedy's future in the senate was placed on the shoulders of the people of Massachusetts, by directing the attention towards them as agents instead of him as agent. To summarize, Kennedy wanted people to see him, in the first instance, as a victim of a controlling scene, and in the second, the possible victim of other agents. In other words, he wanted the people to believe that he was not responsible for any of it.

Like the analysis above I am interested in figuring out what view of the world the creators of the *Everyone Shows Up* program would have the audience accept, which pentadic elements Health West finds controlling, and what they are missing or neglecting when only looking through *their* terministic screens. Using Burke's dramatism allows me to find these terms and see the terministic screens.

In this chapter I talked about the problems of no-shows internationally, the communication outreach program Health West created to defeat this problem in Norway and the importance of rhetoric. I also talked about the rhetorical method I will use to analyze the program, Kenneth Burke's Dramatism, and I showed an example of the pentad and terministic screens. In the next chapter, I will explain the process of how I will use Burke's dramatism (more specifically the pentad) and Conrad's cluster analysis to analyze the artifacts of Health West's *Everyone Shows Up* program, and to find the motives and terministic screens of the program creators to see which screens might have been overlooked, to make the program better.

## CHAPTER 3

### METHOD AND APPROACH

Burke's dramatism provides the world with a new way to understand people and their motives. According to Burke (1969b) "a rhetorical motive is often present where it is not usually recognized, or thought to belong" (p.xiii). This specific rhetorical method will show us the hidden motive, how social influence and persuasion are critical in all aspects of life, how language contributes to set our opinions, and how it can exert a determining influence over anybody, even within a health care setting. My goal with this analysis is to move our society closer to a more fair and just society where people are better able to see things from angles different from their own (by the use of more than only two terministic screens). I believe that the more terministic screens the hospitals consider when analyzing patients' routines and habits, the more ways they can identify with the patients and influence them to change and come to their appointments.

In this thesis I will be applying Burke's terministic screens to *Everyone Shows Up* to offer a different perspective on the effectiveness of the program than perhaps those most closely associated with the program's origins. The term artifact will be used to refer to the objects of study: the online appointment scheduling system Health West created (the website), the reminder text messages, appointment letters, as well as news articles and other written material about the program itself. There were no clear guidelines for the phone call messages from the calling center, so these were not analyzed.

Because the program was created by humans to get other humans to cooperate with them, it must have, unconsciously, been built based on the program creators at Health West's terministic screens. In other words, it must have been created based on the program creator's

view of which symbols they thought would be most persuasive, and therefore either consciously or unconsciously choosing not to focus on other screens. These screens are what the pentadic analysis will allow us to see. Using Burke's dramatism as a critical technique, and Conrad's (1984) "Cluster Analysis" (which is Conrad's idea of how to organize Burke's pentadic analysis better) I will go through three phases when conducting the analyses of the artifact(s).

The first phase is to perform what Conrad (1984) calls "a statistical analysis of the verbal structures which compromise symbolic acts" (p. 95). It is when the critic focuses on making an index of significant terms of high intensity or frequency within the artifact(s). Conrad explains it by saying that the researcher conducts a constrained, inductive search for the dramatic alignments of symbols which represent the unifying and opposing principles and the essential character of the acts present in a text. After the critic has finished sketching these textual elements, he or she may eventually discover a hierarchical pattern of the elements. This marks the end of phase one and the beginning of what Conrad calls representation, which is phase two and represents the essential character of the acts.

Representation, according to Conrad is where the critic looks at the specific characters of the anecdote and figures out what symbolic form it represents in the act. This construction of a representative anecdote further serves as an important touchstone that the critic can use to re-evaluate the terministic structure that showed itself in his or her statistical analysis. This phase is where the critic labels the five pentadic elements; scene, agent, act, agency and purpose, from what the critic believes are the perspective of the rhetor or the person(s) who created the artifact under analysis. It is where the critic makes a concordance of significant terms, identifies the context in which terms appear, and finds out what they

mean by finding out what the speaker associates them with. An example of this phase was given at the end of the literature review, and is placed in the tables about Kennedy's speech about the death of Mary Jo Kopechne. There can be several perspectives hidden within an artifact, and so the critic can look for several possible outcomes to analyze. Any artifact or action, a speech, movie, website, object, picture, or other object is appropriate for a pentadic analysis.

Foss (2009) has a good guideline on how to find these pentadic terms. She says that the scene "is the ground, location, or situation in which the rhetor says the act takes place- the kind of stage the rhetor sets when describing physical conditions, social and cultural influences, or historical causes"(p. 358). Then she says that finding the agent "involves naming the group or individual who is the protagonist or main character of the situation described in the artifact as it is presented by the rhetor"(p. 358). Furthermore she continues with the act being "the rhetor's presentation of the major action taken by the protagonist or agent," the agency being "the means the rhetor says are used to perform the act or the instrument used to accomplish it" (p. 358), and finally the purpose being "what the rhetor suggests the agent intends to accomplish by performing the act (p. 358)." The purpose of the agent is not the same as the motive of the rhetor.

The rhetor in this case is Health West, and the first step in this analysis is to find reoccurring words/symbols in the artifacts. The second step is to name the terms of the pentad within the artifacts. And the third phase the critic needs to perform is to examine the relationship between two isolated parts of the pentad and how one element relates to another, to determine a *ratio*. It is when the critic tries to discover the dominant or controlling term or terms out of the five. This is the phase called the pentadic analysis, and is the discovery of

textual interrelationships among several dimensions of the elements and the symbolic action, which shows the critic's interpretation of the artist's experience. In other words, understanding the controlling term(s) can help the critic get an insight into which part of the situation the rhetor sees or wants the audience to see as most important, which in turn will give the critic a possible motive for why the rhetor constructed the situation the way he/she/they did. It is in their interrelationship that the meaning and symbolic form of *Everyone Shows Up* can be fully understood. "Dramatistic criticism is a dialectical process", Conrad says, "and it is that dialectical relationships between the pentad and the other components of the methodology and among the elements of the pentad that form both the strength and limitations of that system" (Conrad, 1984, p. 94).

Finally then, from utilizing Conrad's cluster analysis to organize Burke's dramatism better, and analyzing the Health West Outreach Program with these five elements of the dramatic pentad and adopting Burke's pentadic ratio, I will find out what Burke's pentad reveals about the rhetorical strategies of the Health Communication Outreach program *Everyone Shows Up*. I will also find out what can be done to make the program better, and if Burke's pentad is practical and effective as a model for analyzing and creating health communication programs/interventions. This is done through the critical process of finding a consubstantial relationship between me as the critic and Health West as the artist. What makes us consubstantial, according to Burke (1969b) is the way that two parts are 'acting-together' (p. 21) through common concepts, sensations, ideas, images, or attitudes.

In this chapter I explained the process of applying dramatism to the Health West's *Everyone Shows Up* program, which artifacts I will analyze, how I will find the pentadic

terms, and finally how I will find the controlling pentadic ratio among the terms. In the next chapter I will conduct the pentadic analysis with the help of Conrad's cluster analysis.



## CHAPTER 4

### THE PENTADIC ANALYSIS OF *EVERYONE SHOWS UP*

This is where I conduct the pentadic analysis of the *Everyone Shows Up* program using Conrad's cluster analysis to make the process easier to follow for the reader. Phase one contains the emphasized words and phrases in the program, phase two is where I locate each of the pentadic elements in the program, and phase 3 is the pentadic analysis where I through an assessment and analysis of possible ratios locate the controlling ratio and Health West's terministic screen(s).

#### **Phase 1 – Statistical Analysis**

In the first phase of the pentadic analysis my job as a rhetorical critic is to identify all the frequent, re-occurring or significant terms in the artifacts, also what Conrad (1984) calls the statistical analysis. By doing this I hope to discover a hierarchical pattern of the elements of the pentad, which will help me get closer to finding the pentadic elements emphasized by Health West and eventually the ratio (terministic screen) they are trying to make others accept to justify Health West's actions.

To find the emphasized words and phrases in the *Everyone Shows Up* program, I first laid the translated artifacts out in front of me (see Appendix A), where I highlighted words that stood out to me as important or mentioned more than once. Then I opened each of translated artifacts in Microsoft Word, and used the Ctrl + F buttons to get the navigation bar up, where I searched for each word to see the number of times they were used, where they were located and why they were used. Finally I placed them in a table (See Table 6, Table 7 and Table 8 in Appendix B), which were used to help me see what the words and phrases might represent.

After reading through and highlighting words in all four artifacts: The website, appointment letters, text messages and articles about the *Everyone Shows Up* program (see Appendix A), there were twenty five words/phrases that stood out to me the most. I arranged them into three categories: “words and phrases mentioned the most” which includes words that have been mentioned 30-100 times. Then there is the “words and phrases mentioned often”, which are words mentioned 10-30 times. And finally there is the “words and phrases mentioned a few times”, which are words that are mentioned only 1-10 times, that I still felt were significant.

Included in the “mentioned the most” (See Table 6, Appendix B) are the words/phrases: (Log on to) Vestlandspasienten, Show up, *Everyone Shows Up*, Communicate/Simplify and improve communication, and Change (your appointment or number). “Vestlandspasienten (is the beginning of something big)”, is mentioned 92 times, and is placed in titles, headings and in the main text. The phrasing of the word tell those that reads the articles that vestlandspasienten is this amazing online solution that will revolutionize the way they feel about checking their appointments and going to the hospital. It gives patients on the West Coast the opportunity to be more active in their own health. “Show up,” is mentioned 49 times and is located in a few smaller titles and in the middle of the text. It can sound very demanding, where Health West is ordering patients to follow their instructions. It is used to tell patients that it is important to show up to their initial appointment and all the follow-ups. “*Everyone Shows Up*”, is mentioned 43 times, mostly in titles, headings and at the beginning of a paragraph. It is also the name of the outreach program. Most people want to be a part of a community, and fear being different or alone, and so by phrasing *Everyone Shows Up* as something positive, Health West is trying to make

patients feel that they are a part of a community and are doing something good if they show up, and doing something that is against the norm and negative if they do not.

“Communicate” and “simplify and improve communication” were mentioned 32 times, and they are located in the middle of the text. With these words/phrases Health West is telling their patients that their website will make it easier for them to contact and communicate with the hospital. Communication between health care staff and patients is very important and will be improved significantly with these new methods. With this Health West is also saying that everyone, no matter how smart you are, should be able to contact and notify the hospitals if they wish to talk to someone about their appointment or reschedule. Then, finally in this category is the word “Change (your appointment/number)” This is mentioned 30 times, and is located in the titles, smaller headings and in the middle of the text. It is used in order to identify that this is something that has already been scheduled, decided and agreed upon. It tries to make patients feel obligated, and guilt and embarrassment if they cannot keep their promise. It is meant as a way to get patients to keep their appointment, or at least contact the health personnel if they wish to change it.

Further on, in the “mentioned often” category (See Table 7, Appendix B), are the words/phrases: Waiting (time), Treatment, Contact/call (us/the department), Give/provide more/better services and increase the quality of the services, Opportunity, Keep track of your appointment, cancel or confirm, Offer, Urging/encouraging our patients to show up to their initial appointment - then the waiting time will go down, and Breaches in deadlines will be put behind us/be history. “Waiting (time)”, is mentioned 22 times and is located in the main text. No one likes to wait, and waiting can cause more damage if you are ill. When patients do not show up, they will be placed on a waiting list, as well as not letting anyone else see

the doctor earlier. It is trying to create guilt for possibly pushing other people back on the waiting list. No one will need to wait longer for their treatments if everyone showed up or at least cancelled in advance. “Treatment” and “get more patients treated” are mentioned 19 times, and they are located in the middle of the main text. The hospitals are saying that if the patients show up, they will get the treatment they need and they will make you feel better. However, if you do not show up, you will miss out on this treatment and you will not feel any better. Health West is also promising that if everyone shows up, they can get more people treated, which places the responsibility of other people’s treatment on not just the hospital’s employees, but also on you, the patient. “Contact/call (us/the department)” is mentioned 17 times and is placed in the middle of the main text. It is telling the patient that it is their responsibility to contact the hospital if they cannot go to the appointment. Health West is saying that you, the patient, need to be active in your own health and make the right call and contact them if you have any concerns.

Next there is “Give/provide more/better services and increase the quality of the services”, which is also mentioned 17 times in the middle of the text. With this Health West is saying that they have increased the quality of health care by implementing all these new strategies that will make the patients show up to their appointments. “Opportunity”, is also mentioned 17 times and is located in the main text. Here Health West is saying that the website is the first of its kind in Norway, and only offered to people who live on the West Coast, so it is an opportunity that those patients should be thankful for and take advantage of. “Keep track of your appointments, cancel or confirm” is mentioned 16 times, placed in the middle of the text, and by using these words Health West says that it is the patient’s

responsibility to show up to the appointment now that Health West has made the necessary tools (the website and the reminders) for them to show up.

Then there is “Offer” which is mentioned 14 times and is located in the middle of the text. By using this word, Health West is saying that they made all these offers for their patients, to improve their lives, and that it is foolish of them not to take advantage of them. Next to last in this category is “urging/encouraging our patients to show up to their initial appointment. Then the waiting time will go down”, which are mentioned 12 times at the end of paragraphs. By placing these sentences at the very end they are emphasizing their importance, because they know that most people remember the last thing they read. Health West is also making it up to the patients if the waiting time will go down or not, saying that the way that it will go down is if the patients show up to their initial appointment. Finally in the second category is “breaches in deadlines will be put behind us/be history”, which is mentioned 12 times in the middle of the text, and gives patients an incentive to go to the appointment, because if they go, they will not need to wait for an appointment, or receive a late appointment ever again.

The final category (See Table 8, Appendix B) “mentioned a few times,” includes the words and phrases: Reschedule, Read (your appointment letter), If patients show up they can perform closer to 300,000 more consultations a year, Easily available, Easier for you to remember your appointment, Safe/Secure, We can together as a team avoid having to plan so many appointments over again, Will have everything you need, This is something that will make her life a little bit easier, Sick? Make sure to get better online, Attending to our patient’s needs, Some people have been waiting a long time for this, and finally, If you have to change your appointment, it might entail a longer wait.

“Rescheduled” is mentioned nine times, located in the main text, and means that the patient has to reschedule their appointments so that they can get the treatment they need, and that it is for their own good. “Read (your appointment letter)” is mentioned eight times, it is located in the main text, and it is ordering the patient to do this action. It also tells the patient that it is entirely up to them if they show up to the appointment or not, because everything they need to know is in that letter. “If patients show up they can perform closer to 300,000 more consultations a year” is mentioned six times, and the message appeals to their role in helping the group by making the experience better for all. “Easily available” is mentioned five times in the main text and means that it is one of Health West’s goals to be easily available for their patients by making all these changes to their health care system.

“Easier for you to remember your appointment” is mentioned three times in the main text, which means that by implementing all these new communication channels, they believe that they will help those patients whose tendency is to forget their appointments.

“Safe/Secure” is mentioned three times in the main text, and by using these words, Health West is saying that the website is safe, encouraging patients not to be afraid to use it. “We can, together as a team, avoid having to plan so many appointments over again” is mentioned three times in the main text, and is conveying that Health West and the staff at Health West feels the same way as the patients about the waiting list, and that the health personnel want to avoid having to plan so many appointments over again. The staff is trying to identify with the patient by saying that they will change their bad habit of not showing up together as a team.

“Will have everything you need” is mentioned two times in the main text, and it tells the patients that if they follow Health West’s instructions and guidelines, and use the services

they have given them, they will have everything they need to go to their appointments, have a positive experience at the hospital and get their health back.

“This is something that will make her life a little bit easier” is mentioned one time, at the end of the first paragraph about a patient who really needs these services. It tells patients that someone’s life will become much easier and better because of what Health West has done for them, and that their lives will become easier as well, if they utilize their new services. “Sick? Make sure to get better online” is mentioned one time in a headline, which means that if patients think that there is something wrong with their health, they can now go to [vestlandspasienten.no](http://vestlandspasienten.no) and read more about symptoms, prevention and treatments there, or schedule an appointment with the hospital. In other words, there is nothing in the way for you to take control over your own health. “Attending to our patient’s needs” is also mentioned one time, but in the main text. It conveys that Health West is listening to their patient’s needs and acting accordingly. That is why they created a reminding system and online system to get patients to show up to their appointments.

Next to last in this final category is the phrase “Some people have been waiting a long time for this” which is mentioned one time in the very beginning after a heading. It tells the patients the program that they have created is not just something that benefits them, but it also benefits patients. It tells patients that this is a desirable service, and that they are lucky to have it. And finally, there is the phrase “If you have to change your appointment, it might entail a longer wait” which is also just mentioned one time, but is still very significant. It is located as the final statement in an important paragraph, and it gives patients a reason not to change their appointment, because if they do, they might expect having to wait longer for their next appointment, and no one wants to wait longer.

After studying the words and phrases Health West most often used in their material and articles (see Appendix A), it looks like most of the material is written to justify the program creator's decisions and actions (creating a sequential reminder system and the website). This is obvious for several reasons. They are saying that the reason they created the website and reminder system was because it would improve, and make it easier for patients to communicate with the hospitals, and easier for them to remember to go to their appointments. They are also saying that the online scheduling system can help them get better. They are saying that they made these communication channels because they believe this is what the patients need, and that it will make life in general easier for all their patients. They are calling their website safe and secure to get more patients to start using it. They are saying that by utilizing these channels, patients can help the staff reduce waiting time and that there will never be anymore breaches in deadlines (meaning patients will not need to wait more than maximum 65 days on a new appointment (see Appendix A)). Health West recognize their own part in having a communication system that did not work properly earlier and the fact that they did not have the right environment and tools to make it easy for patients to be able to reach the hospital's staff if needed. But now that is changed, they are telling patients that in order for the system to work, patients need to do their part. They have now put everything in place for patients to remember to go to their appointments, or to remember to cancel and reschedule their appointments in time.

## **Phase 2 – Representation**

In the second phase, the representation phase, I will look at these frequent terms, and try to identify what symbolic form they represent. This is where, according to Conrad (1984), I label each of the pentadic elements, from what I, the critic, believe is the perspective of the



rheter, Health West, from looking at the reoccurring terms. The pentadic elements identified in the artifacts were these:

Table 3

*The Pentadic Elements of Everyone Shows Up*

The Scene	The waiting lists at the Health West's hospitals are getting longer and their resources are low because of all the rescheduling.
The Agent	Patients, especially young men, psychiatric patients and patients from rural areas
The Act	The agents are not showing up to their appointments
The Agency	There are not any good communication channels, no reminder system, no way for patients to be active in their own scheduling, no free wi-fi access at hospitals
The Purpose	Get patients to remember to go to their initial hospital appointment, cancel or reschedule in time, shorten down the time they and others have to wait for an appointment, and increase the efficiency of the health care system and provide better care for everyone.

Table 3 shows what I believe to be each of the pentadic elements from rhetor Health West's point of view. I believe they view the scene as the situation the hospitals on the West Coast are in, where the waiting lists are growing, and the resources are decreasing. Then, they are framing the patients as the main agents, and themselves as co-agents for helping the patients with necessary tools. Furthermore, they are framing the act of not showing up as the actual act, the lack of reminder systems, wi-fi, online scheduling system and good communication

channels as the agency, and finally providing better care for everyone by shortening down the wait time and increase the efficiency of the health care system as the purpose of the action.

After the analysis of the artifacts I also want to add an additional observation, which I believe might be some of the at-risk patients-young men's pentadic terms:

Table 4:

*Possible Pentadic Terms of Young Men*

The Scene	The culture in which they grew up in, the lack of information, and the looks of the hospitals
The Agent	Doctors, nurses, relatives, friends, and other people like them
The Act	Patients are not cancelling, rescheduling or showing up to their appointments
The Agency	Encouraging and supporting words from peers and health staff
The Purpose	Not wanting to seem like they are less strong and manly than other men

Table 4 demonstrates different pentadic terms than the ones that I analyzed as Health West's when they were looking at the problem of people not showing up and creating the *Everyone Shows Up* program. This is just a possible explanation for how some of the young men who do not show up to their appointments might see the situation. The creation of this table is a result from looking at previous research on men's reasons for not showing up to their hospital appointments. However, this observation will be addressed later in this thesis because as of right now the main goal is to find the controlling ratio of Health West.

### **Phase 3 – The Pentadic Analysis**

In the final phase, also called the pentadic analysis, I will examine how one element of the pentad relates to another element of the pentad, which is also called the ratio between the two elements. By doing this I will eventually find the most controlling element of the five. It is when this element is discovered that I will gain insight into Health West's terministic screen(s).

In Health West's description of the examination they did of the no-shows at their hospitals in 2012, they said that it had become a large problem that patients did not show up to their appointments and that the hospitals on the West Coast's waiting lists were getting longer. In their research they identified that young men, psychiatric patients and patients from rural areas were especially prone to not show up. Further they identified bad communication internally and externally between their staff and the hospital's employees and patients. They also identified that patients did not have a way to be more active in their own appointment scheduling, that they did not have any free Wi-Fi access at the hospitals, and that many patients seemed to forget about their appointments or not knowing why not showing up would be something negative.

After their research, Health West decided to create a sequential communication system, with appointment letters, reminder text-messages and reminder phone calls. They also created an internet solution/website where patients could schedule and reschedule their appointments at any time, day or night, and communicate with the staff online. In their letters, and articles to the public, they clearly state that patients should now have everything they need to remember to go to their initial hospital appointment, cancel or reschedule in time, and to shorten the time they and others have to wait for an appointment (the wait list).

By using Ragan Fox's<sup>6</sup> breakdown of Kenneth Burke's pentadic ratios (See Table 5, Appendix B), I have discovered several ratios in the *Everyone Shows Up* program. These are the Agency-Act ratio: since there are no good communication channels, no reminder system, no self-scheduling system and no free Wi-Fi at hospitals, patients are not showing up to their appointments. Then there is the Agency-Agent ratio: if they create all the right tools, patients will become more active in their own health and appointment scheduling. Then there is the Agency-Purpose ratio: if they create better communication channels, reminder systems, appointment scheduling system and Wi-Fi, patients will go to their appointments, which will increase the efficiencies of health care services. And then there is the agency-scene ratio: if the right instruments are in place, the hospital's waiting lists will stop growing.

Next you have the Act-Scene ratio: when patients are not showing up to their appointments, the waiting lists are getting longer and the hospital's resources are low because of all the work with rescheduling. Further you have the Act-Purpose ratio: the patient will show up to the appointment if he or she wants everyone to get to see a doctor faster, and shorten down the waiting list. Furthermore you have the Agent-Act ratio: men will show up if Health West creates an online appointment system, because all men are internet-savvy. Then there is the Purpose-Act ratio: if the patient wants to increase the efficiency at the hospitals and shorten down the time they and other patients must wait for an appointment, the patients will show up to their initial appointment. Furthermore you have the Purpose-Agency ratio: if Health West wants patients to remember to go to their appointments, and make the health

---

<sup>6</sup> Wordpress.(2013).Ragan Fox Breaks Down Kenneth Burke's Pentadic Ratios. Retrieved from <https://raganfox.wordpress.com/2013/10/21/ragan-fox-breaks-down-kenneth-burkes-pentadic-ratios/>

care system more efficient, they have to create a good reminder system, and a self-scheduling online system. Finally, you have the act-agent ratio: The act of patients not showing up shapes Health West's view of them.

This chapter guided the reader through the pentadic analysis of *Everyone Shows Up*, from step one, the statistical analysis, to step 2, the discovery of the pentadic terms, to step 3, the pentadic analysis of pentadic ratios. Next, will be the results, discussion and conclusion of this thesis.

## CHAPTER 5

### RESULTS, DISCUSSION AND CONCLUSION

In this chapter I talk about the findings from Chapter Four, the pentadic analysis, the research that was used right, and the research that might have been missing when Health West created the *Everyone Shows Up* Program. Furthermore I talk about the implications of using Burke's dramatism in Health Outreach Programs, and how Burke's dramatism worked well, or did not work well for the analysis of *Everyone Shows Up*.

#### Results

The results section provides the discovered controlling ratio in the health outreach program *Everyone Shows Up*, an explanation of how I reached this conclusion, and what it shows us about Health West's intentions with the program. Then, this section talks about the other rhetorical strategies used by Health West to get people to listen to their message and show up to their appointment. Finally this section takes us back to each of the possible reasons mentioned in Chapter 2, for why patients do not show up to their appointments, and looks at how Health West addressed these.

**The controlling ratio.** Out of the different ratios mentioned, I believe that agency-act, act-purpose, purpose-act and act-agent are the four most emphasized ratios in the *Everyone Shows Up* program. Health West is using the agency-act ratio when emphasizing the importance of them creating these communication channels and reminder systems to get people to show up to their appointments. Act-purpose and purpose-act are used where Health West attempts to identify with the patients by saying that they just want what the patients' want, which is to shorten the wait time for everyone and get more patients treated in a shorter timeframe. These two ratios attempt to connect with the patient's emotions and empathy for

others, which is a trait that the Norwegian society and politics are built upon. Norway is a social-democratic society (Iversen, 1998), where among other things, the Norwegian people are willing to pay taxes to help the less fortunate, and to have “free” schools and health care for all their citizens. Then there is the act-agent ratio, which is the more hidden ratio that Health West might talk about out loud, but which shines through in their writing. This ratio suggests that the act of not showing up, gives Health West a certain opinion about the people who are not showing up. They frame them as being forgetful, not keeping their promises, foolish, unthoughtful of others, and perhaps not that smart (which is why they had to create an “easy” system for them to use).

Out of the four however, there are two ratios that I find more controlling than the others. On the surface and not that hidden, is the act-purpose ratio, where, to be able to get everyone treated faster, everyone needs to show up, or at least call in advance and cancel or reschedule so that other patients can take the appointment slots. Health West’s terministic screen here is that the call for patients to not just help themselves, but also help others, will make them want to show up to their appointments. This attempts to create the feeling of guilt in the patients who still decide not to show up. They also seem to believe that the measures they implemented in their hospitals; the website, calling-center, text-message reminders, as well as the traditional appointment letters, will help patients remember to show up and eventually decrease the number of individuals who does not show up at the hospitals.

Then, however, there is the act-agent ratio, which is a ratio that is more hidden in Health West’s health outreach program. By looking through the statistical phase, and seeing the way that Health West describes the new communication systems they created as simple and easy, and something that everyone should be able to use, I found that the other

terministic screen of Health West might be that it is mostly the patients' fault that the waiting lists are long. It might not be intentional, or meant to sound that way, but the program makes people who are not showing up look like *something* that has to be controlled, and not as human beings with different views and reasons for not showing up.

Health West obviously had good intentions and good end goals when creating the program, as their goal was to get more patients to show up so that they could reduce the wait time for everyone and get more patients treated faster. Also, by placing the blame of long waiting lists both on themselves for being un-organized internally and not having the right tools in place for their patients, and on the patients for not trying harder to show up to their initial appointments, they are creating the feeling that this is a relationship that both parts needs to work on. Health West then shows that they only want what is best for their patients and health care staff, as well as seeking efficiency and reduce health care government spending on the West Coast. However, the hidden terministic screen of Health West is a bit alarming. And apparently they are not the only ones with this type of view if we look at how many of the English and American researchers in this area frame patients who are not showing up as “no-shows”, and making them sound like objects. Health West needs to not just see their patients as a means to an end, but as people with feelings and different life experiences and surroundings that influences their behaviors. First then will the program be able to reach out to everyone.

**Other rhetorical strategies in the program.** Other rhetorical strategies Health West used to get patients to show up to their appointments were, playing on patients' guilt for not showing up when there are some people who clearly need their appointments (with the personal stories), making them feel like they made a promise and that it would be rude not to



show up if they have not called to reschedule, making them feel a personal responsibility when mentioning that their own health might deteriorate, making them feel a social responsibility by saying that they are making the wait time longer for everyone else when they do not show up, and finally trying to make them come to the appointment by making them feel that they are a part of the community and normal if they do. The question however becomes, could Health West have done more to make the program better?

First, to answer this question we need to answer the question I posted in Chapter Two. Did Health West take into consideration the findings of their and others' research when they created the *Everyone Shows Up* program and the different projects within it? Yes, they did consider some of these findings. They created a way for patients to be more active in their own health care, showing them that the staff respects their wishes and trusts that they can manage their own schedules (Lacy et al., 2004). They tried to do something about all the waiting patients have to go through to get to their appointments, by making it possible for patients to schedule an appointment from anywhere (on their phone, tablet or computer), and making it possible for them to send the hospital an electronic message at any time during the day without needing to wait to speak with someone on the phone (Lacy et al., 2004).

Furthermore they did try to make the scheduling system easier to understand (Lacy et al., 2004), as well as carefully explaining the process of login onto [vestlandspasienten.no](http://vestlandspasienten.no) in their published articles. In the appointment letters they explained how patients have the right to get refunded for their transportation to and from the hospital (Lacy et al., 2004, and Mitchell & Selmes, 2011), which should make it easier for patients who live in the more rural areas, or who do not have their own vehicle. Throughout their program they talked about the consequences of patients not showing up to their appointments, which should sort out the

misconception where patients believed that it is not a problem if they do not show up, because “other patients will be able to get into their appointment earlier”. The program was also created to make sure that there are no breaches in deadlines for when a first appointment or follow up appointment gets scheduled, and one of the best methods to get psychiatric patients to show up to their appointments were believed to be a sequential reminding system, which they had already created (Beau & Talaga, 1992; Stone et al., 1999; Moore et al., 2001; and Gallucci et al., 2005)

## **Discussion**

The results section talked about the pentadic ratio of Health West and all the different ways that they tried to do something about the high number of people not showing up, and addressing the findings from their 2012 internal investigation. The discussion section will address the discoveries that Health West did not use much time on when creating the *Everyone Shows Up* program, and the possible terministic screens that they have missed. This section also talks about how Health West can use these findings to create change in patients’ behavior, as well as giving them other ways to get more people to show up to their appointments.

**Masculinity and health care.** Although Health West did a lot to get more people to show up to their appointments, Health West’s terministic screen shows us that there are some important perspectives they have missed when creating the *Everyone Shows Up* program. Young men are believed to have the most no shows, and instead of doing a thorough investigation on these men’s reasons for not showing up, Health West assumed that what they view as agency is also here, the main reason for why these young men do not show up. When looking through their own terministic screen Health West assumes that because men are

“internet-savvy” and “pretty digital,” an implementation of these instruments at the hospitals will make them show up to their appointments. They also assume that men and women alike feel empathy for others and will change their habits for the good of the community. There can be many other reasons behind the young men’s no-shows. Masculinity is one of them. Men grow up in a society that tells them that being a man means being brave and strong. Admitting to themselves or others that they might be getting sick, or that they need health care, might not be as easy for men as for women. This view is strongly supported by many researchers in social science (Moynihan, 1997; Bird & Rieker, 1999; Courtenay, 2000; O’Brien, Hunt & Hart, 2005; Malik, Burns & Sydek, 2007). Men’s lifespan is said to be in average 7 years shorter than women’s, and more often than women, men suffer more from severe chronic conditions (Courtenay, 2000). Social constructionists do not believe that this is just a coincident or explainable by biology, but that it is the backlash of following socially constructed gender boundaries and norms (Courtenay, 2000). Men are known for adopting less healthy beliefs and personal health practices than women, and are more likely to take risks to “legitimize themselves as the opposite of women, the “stronger” sex” and to demonstrate their “manhood” (Courtney, 2000, p. 1397). Gender differences, are the most consistent finding in research examining socio-demographics and health behavior, and there are hundreds of empirical studies that supports the idea that men are more likely to engage in risk behaviors in health that increase their risk of injury, disease and death, and that gender role socialization is a big reason for that (Mahalik, Burns, & Syzdek, 2007). The examples given for this are

the man who constructs masculinity as being a risk taker may engage in high-risk behaviors such as smoking, excessive drinking, or refusing to wear a seatbelt. The

man who constructs masculinity as putting work ahead of all other responsibilities may not make time for self-care. Similarly, the man who constructs masculinity as being self-reliant may never seek help from health care professionals. (Mahalik et al., 2007, p. 2202)

There is a large body of empirical research that supports the belief that men do not like to seek help from health professionals if they are feeling ill (Addis & Mahalik, 2003; and O'Brien, Hunt, & Hart, 2005). Men who reject help and view their own safety and health as irrelevant, are displaying a denial of weakness and by that constructing their manliness (Courtenay, 2000). It has also been suggested that the key practice of masculinity is to endure pain, be silent and strong about symptoms, and not to talk about emotional and mental problems (O'Brien et al., 2005). In addition, the importance of "self-control" is a stereotypical masculine identity that keeps men from seeking help in the face of an illness (Moynihan, 1997).

Not all men indulge in these behaviors of course, there are men that defy social prescription of masculinity, like there are women that adopt many unhealthy habits, but it is so ingrained in our society that the majority of men do give in to these self-destructive behaviors for these reasons, even without realizing it themselves. Kimmel (1994) says that

manhood means different things at different times to different people. We come to know what it means to be a man in our culture by setting our definitions in opposition to a set of 'others' – racial minorities, sexual minorities, and above all, women. (p. 120).

In writings about masculinity in health care, gender is “not something that we are, but something that we do in social interactions (Moynihan, 1997, p. 1073). It is also influenced by social, cultural and historical factors.

There are many mentioned factors influencing men’s reluctance to seek help or visit hospitals and health clinics. When men perceive other men in their social network as being against seeking help from health professionals, they too feel that they cannot perform this action, especially if the majority of the men in his social circle feel this way, or if the reference person/group is important to him (Addis and Mahalik, 2003). Another important reason is the “male unfriendly” environment at hospitals, with mostly female practice nurses and receptionists, waiting rooms filled with predominantly children’s or women’s health material and when and if a man comes in with his wife or family member who is a female, health personnel addresses the female more than they address the male patient (O’Brien et al., 2005). Other sources of influence may be media showing them that action heroes just jump right back on their feet without any need of medical attention after being beaten really badly in a fight, or when their own family members, like their father tells them that real men do not cry (Mahalik et al. 2007).

**Changing men’s health behaviors.** There are several ways that hospitals can go about changing the health behaviors of men and help them into the health care system. By acknowledging and normalizing men’s concerns related to seeking help, and not making them feel like they are being judged negatively, health care professionals can help men feel more comfortable going to the hospital (Garfield, Isacco & Rogers, 2008). It is also suggested that “clinicians can affirm men for seeking help and reframe the experience as having the courage or strength to live healthy” (Garfield, Isacco and Rogers, 2008, p. 481).

This is a great rhetorical strategy. By framing the act of seeking help as courageous, health care staff can eventually connect with the men who would not keep their appointments, because we know that this is a trait they aspire to have. Promoting health education, talking to and informing fathers who are taking their children to the hospital, about the many services they have for them, is also a good strategy for increasing these men's personal health service use.

Other ways to increase attendance in the male-population is creating more male-friendly practices, and developing more health care programs specifically designed for men (Garfield et al., 2008). Strategies for doing this are to create waiting rooms with health education materials about men's issues, have men's interest magazines available, television with sound where they can change the channels themselves, which also creates a more casual environment, and giving them the opportunity to stay anonymous by filling out the reason for visit on a document rather than have to disclose their concerns to a receptionist. Other small measures, like having more pictures of men posing not just as doctors and health care staff, but as patients, in articles or billboards about the hospitals, can have a large impact on the way men feel about going to the hospital. This action will indicate that it is okay to be sick, and that everybody needs health care. Right now, most pictures in Health West's program are of women only. Of course, changing the dominant cultural institutions and young men's beliefs about what is considered masculine will eventually be the most important way to engage young men in taking care of their health and going to their appointments at the hospitals.

**Other strategies to get everyone to show up.** Taking time to talk to, interview or ask all patients to answer an online, anonymous questionnaire about why they do not show up to

their appointments can be a good way to see their side of the story. One might find out, after talking to the no-show patients that they are afraid of finding out if something is wrong with them or that they place work and other activities in front of their own health. Finding ways to communicate to these patients that it is easier to cure a disease if it is detected early and that in the long term, you won't be able to work or do the activities that you love if you ignore your health and it deteriorates, might also decrease no-shows.

Interpersonal communication is another very important aspect in making patients want to return to the hospital. A research project focusing on improving young men's health care, conducted by researchers at the Evergreen Community Health Centre also strongly recommend relationship-based practices that focuses on developing comfort and familiarity with health services and the hospital for young men (Roelofsen et al., 2009). Patients who feel like they know their doctors/nurses on a bit more personal level, and have a "relationship" with hospital employees and reception personnel, are also more likely to show up to their scheduled appointments (Mitchell & Selmes, 2007; and Roelofsen et al., 2009). In addition, first impressions are proven to matter on the likelihood of patients coming back to the hospital after their first visit, so always having someone who greets the patient and asks them if they need any help can have a large impact on individuals showing up to their appointments or not (Mitchell & Selmes, 2007). Other simple measures such as sending out brochures telling patients the practical aspects of their appointment at the hospital, such as where they can park, and the direction to the department they are called in to, can also lead to a much better hospital experience for the patient. This should be done in addition to sending out, or posting more material online, on what to expect when you go and see a doctor about different health issues.

For hospitals that experience people not showing up in the immigrant/refugee group, hiring full-time translators instead of only calling them and paying them for their services when it is necessary, as well as having staff members that not only speak different languages, but who are also experts in different ethnic groups' holidays and traditions can also decrease no-shows significantly. These liaisons can also be used in the scheduling process.

## **Conclusion**

The last section talked about how Health West might have missed an important reason for why men are not showing up to their appointments by only assuming that it is because of the lack of internet access, an online self-scheduling system and that men work off-shore. It also laid out some ways that Health West can change these destructive behaviors and get more people to show up to their appointments. This final section and conclusion summarizes the impact that Burke's pentad has had on this project, and how it has helped me in finding ways to improve the health outreach program *Everyone Shows Up*.

Burke's pentad has allowed me to look at Health West's terministic view, and find the views that inevitably get eclipsed. I believe that Health West should try to see the reason why some individuals do not show up through a scene-act ratio or agent-act ratio, where culture and other agents in our lives influence our willingness to seek help. Seeing the situation from the patient's perspective, changing the scene (making the hospitals more inclusive for both genders), and implementing programs that tries to change the view that men cannot seek help because it is not viewed as masculine, will decrease no-shows even further, and perhaps make the hospital experience a good one for each patient.

Health West's intentions with the *Everyone Shows Up* program were obviously well intended, and they showed us that they did try to do something about the psychiatric patients



tendency to not show up by creating a reminder system (which was proven to be the most effective way to get this group to show up). They also showed us that they tried to do something about the issue of people from the more rural areas not showing up to their appointments, by writing in the appointment letter, the ways that they can get transportation, and explaining that any transportation cost to and from the hospital will be reimbursed as soon as they mail a stamped traveling receipt to the address provided in the letter. Despite of these attempts to change those groups' behaviors however, I believe that asking patients, not just the patients that already show up (like the article about Birthe Sivertsen in Appendix A), but the ones that do not, about why they do not, and implementing young men's terministic screen in the building of health outreach programs, can improve the health care system even further. Understanding how masculinity and men's gender socialization affect their preventive actions and health risk behaviors will be a powerful approach to getting men to show up to their appointments at hospitals and tackling their health issues (Garfield et al., 2008).

Burke's dramatism has helped us see how language contributes to set our opinions, and how it influences us in all aspects of life. Furthermore, Burke's dramatism has proved that it can contribute to public health communication by helping the critic see the rhetors motives, and helping the health program creators see the terministic screens they are missing to be able to make an even larger positive impact on people's health behaviors. The more ways Health West can identify with patients, the more able they are to influence them to change and come to their appointments.

## REFERENCES

- Bamford, Z., Booth, P. G., McGuire, J., & Salmon, P. (2004). Maximizing patient follow-up after alcohol treatment: The effect of a three-step reminding system on response rates. *Journal of Substance Use*, 9(1) 36-43. doi: 10.1080/14659890410001665069
- Barron, W. M. (1980). Failed appointments: Who misses them, why they are missed, and what can be done. *Primary Care*, 7(4), 563-574.
- Bean, A. G., & Talaga, J. (1992). Appointment breaking: Causes and solutions. *Journal of Health Care Marketing*, 12(4), 14-25. Retrieved from [http://www.researchgate.net/journal/0737-3252\\_Journal\\_of\\_health\\_care\\_marketing](http://www.researchgate.net/journal/0737-3252_Journal_of_health_care_marketing)
- Borchers, T. (2006). *Rhetorical theory: An introduction*. Long Grove, IL: Waveland Press.
- Burke, K. (1966). *Language as symbolic action: Essays on life, literature, and method*. Los Angeles: University of California Press.
- Burke, K. (1969a) *A grammar of motives*. Berkeley: University of California Press.
- Burke, K. (1969b) *A rhetoric of motives*. Berkeley: University of California Press.
- Center for Disease Control. (2011). What is Health Communications? Retrieved from <http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>
- Conrad, C. (1984). Phases, pentads, and dramatic critical process. *Central States Speech Journal*, 35(2), 94-104. doi: 10.1080/10510978409368169
- Courtenay, W. H. (2000). Constructions of masculinity and their influences on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385-1401. Retrieved from <http://www.sciencedirect.com/science/journal/02779536>
- Crable, R. E., & Makay, J. L. (1972). Kenneth Burkes concept of motives in rhetorical theory. *Today's Speech*, 20(1), 11-18. doi: 10.1080/01463377209369017

Deloitte. (2014). 2014 global health care outlook shared challenges, shared opportunities.

Retrieved from [http://www2.deloitte.com/content/dam/Deloitte/global/Documents/](http://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/dttl-lshc-2014-global-health-care-sector-report.pdf)

[Life-Sciences-Health-Care/dttl-lshc-2014-global-health-care-sector-report.pdf](http://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/dttl-lshc-2014-global-health-care-sector-report.pdf)

Foss, S. K. (2009). *Rhetorical criticism: Exploration and practice*. Long Grove, IL:

Waveland Press.

Frey, L. R., Botan, C. H., & Kreps, G. L. (2000). *Investigating Communication: An*

*Introduction to Research Methods* (2nd ed.). Boston, MA: Allyn & Bacon

Gallucci, G., Swarts, W., & Hackerman, F. (2005). Impact of the wait for an initial

appointment on the rate of kept appointments at a mental health center. *Psychiatric*

*Services*, 56 (3) 344-346. doi:10.1176/appi.ps.56.3.344

Garfield, C. F., Isacco, A. & Rogers, T. E. (2008). A review of men's health and masculinity.

*American Journal of Lifestyle Medicine*, 2(6), 474-487. doi:

10.1177/1559827608323213

Gatrad, A. R. (2000). A completed audit to reduce hospital outpatients non- attendance rates.

*Arch Dis Child*, 82(1) 59-61. doi:10.1136/adc.82.1.59

George, A., & Rubin, G. (2003). Non-attendance in general practice: a systematic review and

its implications for access to primary health care. *Family Practice*, 20(2), 178 – 184.

doi: 10.1093/fampra/20.2.178

Glasgow, R. E., & Linnan, L. A. (2008) Evaluation of theory-based interventions. In K.

Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education:*

*Theory, research, and practice* (pp. 487-508). San Fransisco, CA: Jossey- Bass.

Hashim, M. J., Franks, P., & Fiscella, K. (2001). Effectiveness of telephone reminders in

improving rate of appointments kept at an outpatient clinic: A randomized controlled

- trial. *Journal of the American Board of Family Medicine*, 14(3), 193-196. doi: 10.1186/1472-6963-13-125.
- Helse Vest RHF. (n.d). Om prosjektet alle møter. Retrieved from <http://vestlandspasienten.no/om-alle-moter>
- Hoff, T. J., & Witt, L. C. (2000). Exploring the use of qualitative methods in published health services and management research. *Medical Care Research Reviews*, 57, 139–160. doi: 10.1177/107755870005700201
- Humphreys, L., Hunter, A. G. W., Zimak, A., O'Brien, A., Korneluk, Y., & Carppelli, M. (2000). Why patients do not attend for their appointments at a genetics clinic. *Journal of Medical Genetics*, 37(10), 810-815. doi: 10.1136/jmg.37.10.810
- Killaspy, H., Banerjee, S., King M., & Lloyd, M. (2000). Prospective controlled study of psychiatric out-patient non-attendance. *British Journal of Psychiatry*, 176 (1) 160-165. doi: 10.1192/bjp.176.2.160
- Kreps, G. L. (2008). Qualitative inquiry and the future of health communication research. *Qualitative Research Reports in Communication*, 9(1), 2-12. doi: 10.1080/17459430802440817
- Lacy, N. L., Paulman, A., Reuter, M. D., & Lovejoy, B. (2004). Why we don't come: Patient perceptions on no-shows. *Annals of Family Medicine*, 2(6), 541-545. doi: 10.1370/afm.123
- Ling, D. A. (1970). A pentadic analysis of senator Edward Kennedy's address to the people of Massachusetts, July 25, 1969. *Central States Speech Journal*, 21(2), 81-86. doi: 10.1080/10510977009363002
- MacDonald, J., Brown, N., & Ellis, P. (2000). Using telephone prompts to improve initial

- attendance at a community mental health center. *Psychiatric Services*, 51(6) 812 – 814. doi: org/10.1176/appi.ps.51.6.812
- Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64(11), 2201-2209. doi: 10.1016/j.socscimed.2007.02.035
- Mitchell, A. J., & Selmes, T. (2007). Why don't patients attend their appointments? Maintaining engagement with psychiatric services. *Advances in Psychiatric Treatment*, 13(6), 423-434. doi 10.1192/apt.bp.106.003202
- Moore, C. G., Wilson-Witherspoon, P., & Probst, J. C. (2001). Time and money: Effects of no-shows at a family practice residency clinic. *Family Medicine*, 33 (7) 522-527
- Moynihan, C. (1998). Theories in health care and research: Theories of masculinity. *British Medical Journal*, 317(7165), 1072-1075. Retrieved at <http://www.ncbi.nlm.nih.gov/pmc/journals/3/>
- Murdock, A., Rodgers, C., Lindsay, H., & Tham, T. C. K. (2002). Why do patients not keep their appointments? Prospective study in a gastroenterology outpatient clinic. *Journal of the Royal Society of Medicine*, 95(6), 284-286. doi 10.1258/jrsm.95.6.284
- Neal, R. D., Hussain-Gambles, M., Allgar, V. L., Lawlor, D. A., & Dempsey, O. (2005). Reasons for and consequences of missed appointments in general practice in the UK: Questionnaire survey and prospective review of medical records. *BMC Family Practice*, 6(47), 1-6. doi: 10.1186/1471-2296-6-47
- O'Brien, G., & Lazebnik, R. (1998). Telephone call reminders and attendance in an adolescent clinic. *Pediatrics*, 101(6) 1-7. doi: 10.1542/peds.101.6.e6
- O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent

- how guys still operate': Men's accounts of masculinity and help seeking. *Social Science & Medicine*, 61(3), 503-516. doi: 10.1016/j.socscimed.2004.12.008
- Perron, N. J., Dao, M. D., Kossovsky, M. P., Miserez, V., Chuard, C., Calmy, A., & Gaspoz, J. M. (2010). Reduction of missed appointments at an urban primary care clinic: A randomised controlled study. *BMC Family Practices*, 11(79), 1-8. doi:10.1186/1471-2296-11-79
- Pesata, V., Pallija, G., & Webb, A. A. (1999). A descriptive study of missed appointments: Families' perceptions of barriers to care. *Journal of Pediatric Health Care*, 13(4), 178-182. doi: 10.1016/S0891-5245(99)90037-8
- Publication manual of the American Psychological Association* (6 th ed.). (2009). Washington, DC: American Psychological Association
- Rice, R. E., & Atkin, C. K. (2013) *Public communication campaigns* (4 ed). Thousand Oaks, CA: Sage.
- Rimal, R. N., & Lapinski, M. K. (2009). Bulletin of the world health organization: Why health communication is important in public health. *Bulletin of The World Health Organization*, 87(1), 247-247. doi: 10.2471/BLT.08.056713
- Roelofsen, D., Banerjee, P., Pikksalu, K., Gailling, C., Creighton, G., & Matthews, J. (2009). *Evergreen Guys Research Project: Improving Young Men's Health Care*. Vancouver, BC: Vancouver Coastal Health Research Institute
- Rountree, J. C. (1998). Coming to terms with Kenneth Burke's pentad. *American Communication Journal*, 1(3), 1. Retrieved from <http://www.acjournal.org/holdings/vol1/iss3/burke/rountree.html>

- Smoller, J. W., McLean, R. Y., Otto, M. W., & Pollack, M. H. (1998). How do clinicians respond to patients who miss appointments? *Journal of Clinical Psychiatry*, 59(6), 330-340. doi: [10.4088/jcp.v59n0611](https://doi.org/10.4088/jcp.v59n0611)
- Storey, J. D., Saffitz, G. B., & Rimon, J. G. (2008) Social marketing. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 435-464). San Francisco, CA: Jossey-Bass.
- Stone, C. A., Palmer, J. H., Saxby, P. J., & Devaraj, V. S. (1999). Reducing non-attendance at outpatient clinics. *Journal of the Royal Society of Medicine*, 92(1), 114-118.  
doi: 10.1177/014107689909200304
- Torben, I. (1998). The choices for scandinavian social democracy in comparative perspective. *Oxford Review of Economic Policy*, 14(1), 59-75.  
doi: 10.1093/oxrep/14.1.59
- Weis, C. (1998) *Evaluation*. (2 ed.). Englewood Cliffs, NJ: Prentice Hall.
- Wilkinson, J. (2012). Reasons for non-attendance: Audit findings from a nurse-led clinic. *Journal of Primary Health Care*, 4(1), 39-44.
- Wordpress.(2013).Ragan Fox Breaks Down Kenneth Burke's Pentadic Ratios. Retrieved from <https://raganfox.wordpress.com/2013/10/21/ragan-fox-breaks-down-kenneth-burkes-pentadic-ratios/>
- World Health Organization.(nd). What we do. Retrieved from <http://www.who.int/about/what-we-do/en/>

## APPENDIX A

What follows are the artifacts and the complete text and documents for *Everyone Shows Up*. The web pages have all been modified to 12 pt type size and images are retained where they are placed on the web pages.

### The Web Site

[Http://Vestlandspasienten.no/](http://Vestlandspasienten.no/) (English: Westcoastpatient)

### See your appointments

- Where should I meet for my appointment?
- My scheduled appointment does not work for me. Can I get a new one?
- I just have a question about my appointment!

[Log in](#)

[Do you need help to log in?](#)

When logging in you also receive access to:

Excess, prescriptions, vaccines, side effects, health benefit card.

[Read more about Westcoastpatient project](#)

[Read more about the \*Everyone Shows Up\*](#)

[Then, after you have entered your login information you get to a page where it says:]

**Helsenorge.no**

**Maria Hagland**

**Log out**

[Health, lifestyle and diseases](#)

[Health care and rights](#)

[My Health](#)

[Search](#)

### My appointments

Here you will see some of your scheduled appointments at the hospital. At this moment you might not be able to see all your x-ray appointments (as well as some other of your appointments), but this is something we are currently working on.



Important information: We urge you to show up to your assigned appointment

Read your appointment letter that you will receive in the mail. If you cannot be there, contact us immediately.

My assigned appointments

You have no future appointments

### ***Everyone Shows Up***

When *everyone shows up*, the waiting time gets shorter

*Everyone Shows Up* is Health West's highly prioritized project where the goal is to make the waiting time shorter, planning better and that more people meet up to their appointments. After a while this website will provide even more services.

Login for relatives:

If you are wondering about the rules around your insight into your children's appointments, you can read more about that under [see your children's appointments](#) on [health-vest.no](#)

General contact information for each of the health clinics:

Patient help Health West # 800 41 005

Health Bergen # 05300

Health Fonna # 05253

Health Førde # 57 83 90 00

Health Stavanger # 05151

SMS-reminder:

If your number is registered with us, you will receive a reminder before your appointment is up. You can register or change your number by contacting the hospital.

Patient travels:

See [www.patientreiser.no](http://www.patientreiser.no) for information about transport to and from the hospital

## The Appointment Letter



Name

Address

Postal zip code

Notice of appointment at <name of hospital>

**You have received an appointment at <company> <department>, <place>, <date>, <time>**

### **Before you show up to the appointment (adjust according to the treatment)**

- Bring your list of medication.
- Before your appointment you have to fast twelve hours. In other words, you cannot drink or eat anything.
- If for any reason your health condition rapidly gets worse, you have to contact your doctor or the person who has referred you to an appointment at the hospital. Your doctor can also give you advice and follow-ups while you wait.

### **Do you no longer need the appointment, or will you not be able to show up? Contact us!**

Call us at <number>, <Opening hours: time> or log into [www.vestlandspasienten.no](http://www.vestlandspasienten.no). If we have your phone number registered, you will receive a reminder text message before your appointment. If you have to change your appointment, it might entail a longer wait.

### **Important if you have been abroad the last twelve months**

If you have worked, been hospitalized or received any health care (also including dental treatment) outside of Nordic countries the last twelve months, your doctor has to – because of The Centers for Disease Control and Prevention – check you for bacterias that might be resistant against antibiotics. The test results has to be ready before you show up to your appointment at this hospital. With this in consideration you should contact your doctor ahead of time.

**Transportation to the hospital**

If you need transportation to the hospital, you have to address this to your doctor or the local patient travel office. You can find more information about this at [www.pasientreiser.no](http://www.pasientreiser.no) or by calling # 05515.

**Payment**

If you don't have a "freecard" [a medical benefit card], you have to pay a deductible in accordance with fixed rates. Read more about the "freecard" in the attached document or go to [www.helfo.no](http://www.helfo.no).

**More information?**

The attached document « Information to all patients that are referred to the specialized-health care-service department» will give you an answer to the most frequently asked questions. You may also find more information at [www.helsenorge.no](http://www.helsenorge.no).

We welcome you!

**Best Regards,**

<name> <title>



**Log into [Vestlandspasienten.no](http://Vestlandspasienten.no) to get an overview of your appointments. Here you can also send an electronic message if you have any questions, or if you wish to change the time of your appointment.**

## **Appointment Letter Attachment**

### **To you who are referred to the specialized-health care-service department**

#### **Assessment**

We evaluate your health condition from the information handed to us in your reference, and the assessment will get one of these outcomes (look in the appointment letter to see what applies to you):

- *You have the right to prioritized health care and will receive a date for treatment or consultation.*
- *You are not prioritized, but you will still receive health care from the specialized health care service department*
- *You do not have the need for health service from the specialized health care service department*

Anyone who is referred to the specialized health care service department has the right to receive an assessment of their health condition within 30 business days. If there is a suspicion of a serious disease, the assessment will be expedited. Patients under 23 years old who have psychological illnesses or who are drug addicts, have the right to be assessed within 10 business days.

#### **Right to appeal**

If you believe that the assessment is wrong, you have the right to file a complaint. You can create a dispute on both the fact that you did not receive the right to treatment, and the deadline that has been set for when the further examination or treatment will begin. Send a written complaint to the treatment facility who has assessed your reference. If you do not get an approval, you can appeal to the county elected official. The deadline for the appeal is four weeks from when you first heard or should have heard about their final decision. You can either appeal the decision yourself or give another person authorization to appeal it for you.

#### **Right to renewed assessment**

The final ruling of your reference is built on a health assessment from a specialist. In certain occasions you might want to get your health status re-assessed by another specialist or at another hospital. To receive a new assessment like that you have to contact your doctor, who can send the specialized health care service department a new referral. You can choose where the referral should go.

See [www.helsenorge.no/rettigheter](http://www.helsenorge.no/rettigheter) for more information.

## **Freedom to choose a hospital**

As a patient you have the right to choose your treatment facility, which means which hospital you think should assess your health condition, and alternatively where the treatment later will take place. This arrangement goes for all public and some private hospitals in Norway. This freedom to choose a hospital does not give you the right to choose treatment level, like for example a more specialized type of treatment. If you wish to be examined or treated at a specific place, contact your doctor or the hospital you are assigned to, and ask them to send your referral to the hospital of your choice. More information about wait time at other hospitals can be found at [www.frittsykehusvalg.no](http://www.frittsykehusvalg.no) or by calling 800 41 004.

## **Deadline violations**

If you have received a deadline for health care and your treatment/review does not start within this deadline, you can call HELFO [The Norwegian Health Economics Administration] patient-mediating at # 815 33 533, or visit [www.helfo.no](http://www.helfo.no).

## **An Individual Plan**

If you need long term and coordinated services from the public services, you have the right to an individual plan. The individual plan should insure cooperation between you and the different service providers like for example your doctor, home health care provider, hospital, NAV [The Norwegian Labor and Welfare Administration] or employer. One of them will have the main responsibility for the contact with you, and will organize the coordination between you and the providers. If this applies, an individual plan will be created for you. You can also take the initiative yourself to develop an individual plan.

## **Patient travels**

You have the right to get a reimbursement of your travel expenses to and from your treatment facility. The rule of thumb is that you will be covered for the cheapest way of travel with public transportation to and from the closest treatment facility. The distance has to be at least three kilometers, and the trip must be billed at more than the local minimum rate. You have to organize and pay for the ride yourself and then get reimbursed.

## **This is how you can get reimbursed for patient travels**

- Fill out a travel expense form. You can find the travel expense form at the medical facility or at [www.pasientreiser.no](http://www.pasientreiser.no) – or possibly by calling Patient travels at #05515.
- Attach a confirmation of your treatment, such as an appointment card with the hospital's stamp on there, and all the receipts.
- Send the form and the accompanying attachments to «Helseforetakenes senter for pasientreiser ANS, Postboks 2533 Kjørbekk, 3702 Skien». *Remember that the application must be filed within six months.*

### **The Patient-representative Organization**

The patient representative organization attends the needs, interests and security of the patients and work towards improving the quality in health services. You may contact the patient representative organization when you need advice/guidance and information about your rights. You can also get help if you need to take advantage of your right to appeal. All counties have a patient representative organization, see [www.pasientombudet.no](http://www.pasientombudet.no).

### **Using information in the quality registry**

Information about the patients can be delivered to different quality registries that are used for research in the health services. This type of data will be treated in a secure manner. Notify us if you do not want this type of information to be gathered from your medical chart/hospital record.

## **Text Message Reminders**

First text message sent on the day of the scheduling:

«You have been scheduled for [date and time] at [Department], [Location.Name]. For more information, go to [vestlandspasienten.no](http://vestlandspasienten.no). You will receive an appointment letter in the mail. If this is about a rescheduled appointment you will also receive a letter in the mail about the change. Best Regards [company] (You cannot respond to this message.)»

Second text message reminder at the day of the appointment:

“We are reminding you of your scheduled appointment at \_\_ am/pm. If you need to reschedule, please contact the department. Best regards \_\_ You cannot respond to this message.”

## Articles and Other Digital Communication

[www.helse-vest.no/no/FagOgSamarbeid/alle-moter/Sider/default.aspx](http://www.helse-vest.no/no/FagOgSamarbeid/alle-moter/Sider/default.aspx)

***Everyone Shows Up*** is one of the projects that Health West has prioritized in 2013 and 2014. Their goal is to make the waiting time shorter, and to plan better so that more people will show up to their appointments. The number of consultations at hospitals has increased year after year. To make sure the hospitals can meet the increasing need for services, without an increase in the use of resources, good planning of the work that goes on at the hospitals is necessary.

<http://vestlandspasienten.no/om-alle-moter>

### **About the *Everyone Shows Up* project:**

*Everyone Shows Up* is one of Health West's highly prioritized programs in 2013 and 2014. We want to increase the quality of our services – both for patients and co-workers. The number of consultations at the hospitals is increasing every year. To make sure the hospitals can meet the increasing need for services, without an increase in the use of resources as well, good planning of the work that goes on at the hospitals is necessary. An investigation in 2012 showed that:

- 430,000 planned appointments had to be planned again.
- That there was a theoretical capacity of approximately 300 000 more outpatient contacts
- 82,000 patients did not meet to their planned appointments at an outpatient clinic or other consultations
- 127,000 patients wished to change the time of their appointment, and outpatient clinics weren't able to fill in most of the open slots.
- 8600 patients were treated with a deadline breach [In Norway the health practitioners have a deadline on how long patients should need to wait to get an appointment]
- 47,250 patients were placed on a waiting list

### **Better communication and planning**

To meet the future challenges and at the same time give a good service to patients and relatives, the hospitals on the West Coast will:

1. Communicate better with patients and relatives. The information has to be good, easy and understandable, whether the information is given as a letter, SMS, telephone or other digital communication
2. Have better organizing of the outpatient clinics. If we take better advantage of the time, our colleagues will have a broader window and can concentrate on their meetings with patients
3. Be task oriented. Good planning means among other things that patients receives a new appointment the first time they go to their doctor significantly within the deadline of what the health professional has set as the timeframe for a medical review/examination and treatment



4. Ensure that we, through good leadership and good relationship between fellow coworkers, will carry out important tasks that will be the foundation for good, planned measures, and will support all work targeting the wellness of patients
5. Provide better service for the patients
6. Avoid a breach of the hospital's deadlines and reduce the wait
7. Use the capacity of medical professionals better
8. Treat more patients within the same timeframe by better planning and more focus on patient-targeted work
9. Use our capacity and infrastructure to our best advantage
10. Use the capacity for heavy equipment to our best advantage

<http://bloggivest.com/category/alle-moter/>

## *Category Archive for **EVERYONE SHOWS UP***

---

### **A better overview with vestlandspasienten.no**

**From the 28th of April, all health clinics in Health West will offer the new online service vestlandspasienten.no. Then, all patients in Health West can see an overview of their appointments online. Some people have been waiting a long time for this!**

Birthe Sivertsen is a mother of a 19 year old, handicapped boy. He needs several types of treatments at the hospital. He visits many different outpatient clinics several times a year, often several times a week. He has to go through consultations, tests and operations.

When Birthe had the opportunity to participate in the user panel for the *Everyone Shows Up* project, she immediately said yes, because, among other things, Vestlandspasienten is a new digital communication and online service that is supposed to make it easier to keep track on your appointments at the hospital. Birthe has been waiting for a solution like this for many years. She knows that this is something that will make her life a little bit easier. Birthe will be able to get an overview of her son's appointments in chronological order at Vestlandspasienten, and she will easily see when some appointment collides with another. If it does, she can send an electronic message to the hospital and ask for a change. Within two work days she'll get a call back from the hospital with their answer. Then she can schedule her appointments herself in her calendar and she and her son can certify that they will be there for the appointment.

At Vestlandspasienten she can also send a message if there is something she is wondering about in connection to her son's appointment. This she can do even at night. She no longer needs to depend on the office hours.

Most of us do not have the same challenges as Birthe and her son have. But, I am certain that many of us will appreciate a solution like vestlandspasienten.no which offers an overview of the appointments we have at the hospital and gives us a new way to communicate with the hospital.

Vestlandspasienten is the beginning of something big: It's a good scheduling solution for you as a patient! In the future you will be able to log onto vestlandspasienten.no and see your scheduled appointment as soon as your doctor has sent you to the hospital. This might save you from unnecessary concerns while you wait. You will also receive an electronic version of your appointment letter and other documents that are relevant for your treatment, and you will be able to have two-way communication with the hospital online.

Vestlandspasienten is still a pilot project, and we are not all the way there yet. You cannot see your hours at an x-ray or radiology clinic. This is something that we're working really intensely on completing. If you're uncertain, you'll still receive an appointment letter in the mail, where it says everything you need to know about your appointment.

We hope that you will join us in testing out this solution.

Best wishes, Hilde Christiansen, Staff- and organizational director

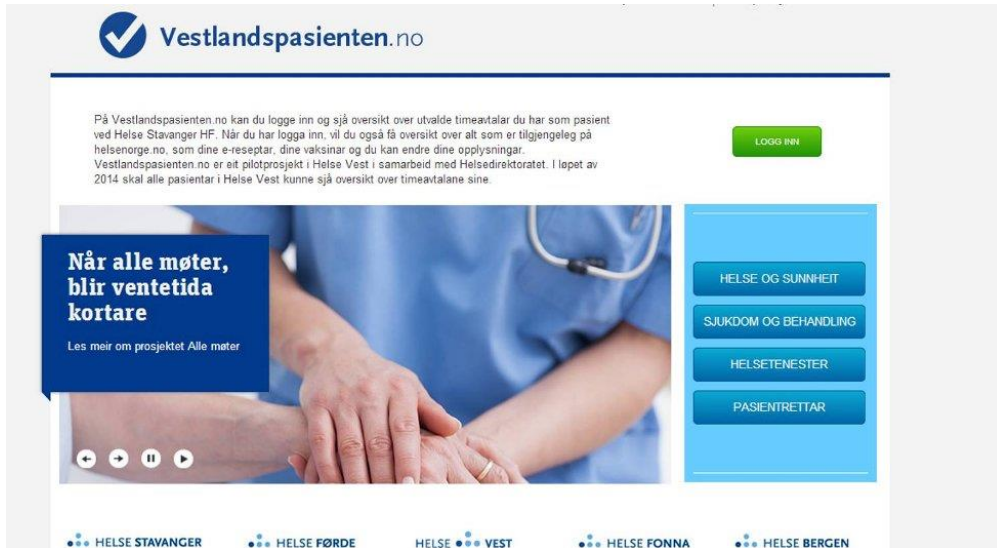
<http://www.ba.no/nyheter/helsemagasinet/article7136257.ece>

***By the end of the year, you can check your health clinic appointments online***  
**Vestlandspasienten.no is launched.**



Eirik Langeland Fjeld

Publisert 05.02.2014 kl 11:00 Oppdatert 05.02.2014 kl 12:31



Currently there are patients in Health Stavanger HF and Jæren DPS that can log onto vestlandspasienten.no to check their appointments. By the end of the year this offer will expand to include all inhabitants on the West Coast.



## Everything in One

On this new portal patients will get an overview of their health clinic appointments, will be able to place them on their calendar and can potentially change their appointments.

The portal is a creation by helsenorge.no, where the users can order their health benefit card, report any side effects to medication or treatment, check their deductible, change doctors and check their prescriptions.

- “Vestlandspasienten (westcoastpatient) is the beginning of a new communication channel for the public hospitals on the West Coast,” Margrete Lexow, project leader for vestlandspasienten says.

### 82.000 Consultations Wasted

Health West is the first in the country to offer such an online solution for the patient. In the long term this online portal will be offered nationally.

Vestlandspasienten.no is a part of a project called *Everyone Shows Up* that tries to get more people to show up to their hospital appointments.

In 2012, 82,000 consultations in Health West were wasted because patients did not show up to their appointments.

The new portal is supposed to make it easier for the patient to get an appointment that works for them, and make it easier to contact the outpatient clinics to reschedule the appointment.

### New Channel

– The patients will get a new communication channel into Health West. Later, more patients in the pilot clinics will also get the opportunity to send electronic messages from the portal if they for example cannot show up to their appointment, wish to reschedule, or have general questions directed towards that scheduled appointment, Lexow writes in a press release:

– **“I think the communication channel will be a positive experience, especially for those who doesn’t like to call or who does not get through on the phone.”**

<http://sollidps.no/vestlandspasientenno>

## **Vestlandspasienten.no is prioritized to simplify and improve communication between patients and health officials.**

Within the health region Health West there has recently been a project, named “Vestlandspasienten” which is a part of a larger project called *Everyone Shows Up*. The main goals of “Vestlandspasienten” are to simplify and improve communication between patients and the hospital’s in the region. Vestlandspasienten will be available for all patients at any hospital in Health West, including Solli DPS, from the 28<sup>th</sup> of April 2014.

On Vestlandspasienten.no you can:

- See an overview over most of your appointments online (currently you cannot see all x-ray appointments, as well as some other appointments)
- Transfer the appointment directly over to your personal calendar, Some patients at selected pilot divisions also has the opportunity to certify that they will arrive in time to the appointment, and send an electronic message if they have any questions or wish to change the time of their appointment. All those who send a message will be contacted by phone within two business days.
- At the moment the hospitals do not have the ability to send an electronic message back to the patient, but this is a highly prioritized goal, and everyone is working hard to have this ready by the Fall of 2014, assures the staff- and organizations director in Health West RHF, Hilde Christiansen, the project leader of the *Everyone Shows Up* project.

We hope that many of you will utilize this solution/service – Please give us feedback!

Hilde Christiansen also points out that although all patients in the Health West-region will now get access to vestlandspasienten.no, Health West is still in the early phase of what they wish to offer their patients and their relatives.

“We’re taking one step at a time and wish to win experiences before we go any further. That is why we have the pilot departments. In the near future all patients will of course get access to all functions,” Christiansen says.

Now she’s hoping that patients will start using Vestlandspasienten.

“We have a user panel that we’re working closely with, that also has given us plenty of good input. Now we’re hoping that more people will use this solution. It’s extremely important that we receive feedback from patients and their relatives. Those who wish to give us more input can email us at [allemoter@helse-vest.no](mailto:allemoter@helse-vest.no).

Those who are not very comfortable with using the internet, there is no need for despair. Everyone will get the appointment letter in the mail just like before, and you can still call the hospital.”

## SMS-notification and better appointment letters

Vestlandspasienten is a part of the extensive *Everyone Shows Up*-project in the health region Health west. Here they are working with several subprojects that will make communication with patients better. Among other things new sms-notifications will be tested out, not just right before the appointment, but also at the same time of when the appointment letter will be sent out in the mail. Another project that has also just started will make the appointment letter itself better and more comprehensible.

## Encourage patients to show up to their appointment

The *Everyone Shows Up* project is the answer to numbers from 2012 that showed that 82,000 patients in Health West did not show up to their appointments. The number was 87,000 in 2013. In addition to that, there were 147,000 patients that wanted to change their appointment, and many of them on short notice. This is one of the reasons why the outpatient clinics had to plan 480,000 appointments all over again for their patient-contacts in 2013.

-We're encouraging our patients to show up to the first appointment they're assigned. Then the waiting time will go down. But, we realized long ago that we have to get better in accessibility and communication. Too many people have problems getting in contact with us. That is why we're creating measures to improve this. Vestlandspasienten is the largest of these measures, Christiansen says, who believes that vestlandspasienten.no will be a good tool for many in an otherwise very busy weekday.

### What use do you have for vestlandspasienten?

First and foremost Vestlandspasienten is about giving patients a better overview of their appointments, and is a whole new way to communicate with the hospital, where you no longer need to rely on office hours, among other things. At [www.bloggivest.no](http://www.bloggivest.no) you can read about Birthe Sivertsen from the userpanel, and how she is imagining her everyday life with Vestlandspasienten.no.

<http://tidsskriftet.no/article/3160431/>  
Nr. 7 – 8. april 2014  
Tidsskr Nor Legeforen 2014; 134:758  
doi: 10.4045/tidsskr.14.0264

LEGELIVET

## ***Everyone shows up to their hospital appointment***

E Jacobsen

**It's at least the idea behind the service *vestlandspasienten.no*. Health West is first out to offer the patient a website for their appointments.**

First one out is Health Stavanger, but by the end of 2014 all patients in Health West should be able to see an overview of their appointments. In 2012 Health West had 82,000 patients that did not show up to their appointment. "When you have 147,000 patients on a waiting list, we have a real need for this," Hilde Christiansen, the project leader of the *Everyone Shows Up* project states.

"Our planning will improve, and our patients and their close contacts will get the opportunity to communicate digitally with the hospitals. We have to establish a good dialog and accessibility for the distributed appointments. Said another way; we have to improve our public relations with the population, Christiansen says to Tidsskriftet."

In addition, there were 127,000 patients that contacted hospitals to change their appointments. "What if everyone showed up or said something ahead of time? What if we at the hospitals organized ourselves better? Then the planning will both simpler and improved and the waiting time will become shorter," writes Christiansen on her Blog in West, about the project where the goal is to improve communication between hospital and patient. Further on, she stresses in the blog that the website will only apply to the 30 percent who were referred to the hospital from their doctor. The 70 percent that arrives at the hospital and needs immediate assistance will of course receive help straight away.

*Vestlandspasienten.no* is a part of the *Everyone Shows Up* program, where the goal is to increase the quality of Health West's services, both for patients and hospital employees. At the Stavanger University hospital's website we can read about the upcoming digital solutions for both appointment scheduling, new routines for calling and reminding patients about their appointment, and a much clearer message about the time and place of the consultation. To read more about the project, go to [sus.no/aktuelt](http://sus.no/aktuelt)

## **Get an overview over your doctor's appointments online**

**The hospitals on the West Coast have begun to communicate with patients online. This means a much easier weekday for Birthe Sivertsen.**

**Kjersti Kvile**

**Published:** 03.oct. 2014 07:40 **Updated:** 03.oct. 2014 09:48

Last year, Health West's project *Everyone Shows Up* started. New internet solutions, better routines and organizing will reduce the patient no-shows. Now another important tool is in place.

Vestlandspasienten.no is a new internet portal where hospital patients easier can get an overview over their doctor's appointments can send messages to the hospital and where they will also, after a while, be able to download their journals and patient reports.

"For the chronically ill group this is the best tool that they have ever come up with. Our weekdays are so much different now. It is easier to keep track on our appointments and fix the problem if they collide with other appointments as well as to keep up with our prescriptions," Birthe Sivertsen says. Birthe's son is multi-handicapped and for almost 20 years she has been to several different outpatient clinics at Haukeland hospital. Now, among other things, she does not need to wait to call during the hospital's office hours to leave a message.

"For us who use the hospital's services often, we can always make a phone call. It is so much easier just to send a message, though," she says.

### **Easier to cancel**

Together with seven other people, Sivertsen has been a part of a user panel. They have been a critical group who has given a lot of advice about what will and will not work in practice.

"We [the user panel] have probably worn them out [the project group in Health West], and they have most likely wanted to pull their hair out at times, but they have still listened to us. I now have a lot of experience and can explain why certain things do not work," she says.

This internet solution gives people the opportunity to place their appointments into private calendars on the computer and on their smart phones. Currently only the patients can send messages to the hospital, but within a year the hospital should be able to respond with a message as well.

Sivertsen believes that the portal will make it easier to remember to cancel the appointments ahead of time.

"Doctors will get the opportunity to use their time efficiently and not just sit there and wait on a patient who isn't going to show up," she says.

### **Tentative start**

At the moment Health West is the only health agency that uses this type of solution, and now all the hospitals Health West are in charge of are a part of it as well. Vestlandspasienten.no



has been tested since February and has worked in Bergen city since the end of April, but it's been a tentative start.

"There are not too many using the portal yet. We have been very quiet about it up until last week. From this day there will most likely be an increase of people using the web solution", says the project leader in Health Bergen, Pål Ove Vadset.

The portal is a piece of a larger project Health West has to shorten down the wait time and to get more patients to show up at their appointments. After a while the solution will go national.

"This is first and foremost meant as a good service for the patient. It is positive for everyone, but has a larger value for those who are chronical or have many appointments", Vadset says.

Question: Norway has been digital for a long time. Why is this first showing up now?

"We had to have a safe identity solution, and there is a lot of data that has to be moved from us to the portal." Vadset answered. "After a while there will be more offers and information to get on the website. For example, in November the patient will be able to see their reference status and appointment letter."

"It will be a while until vestlandspasienten is complete, but at least what's on there now is working properly. I am getting my overview and is very satisfied," says Birthe Sivertsen.

<http://helse-forde.no/no/nyheter/Sider/helse-forde-med-i-vestlandspasientenno.aspx>

### **Health Førde is on Vestlandspasienten.no**

On Monday the 28<sup>th</sup> of April Health Førde became a part of Vestlandspasienten.no. On this webpage patients can log in to among other things get an overview over their appointments.

In three months has four departments in Health Stavanger tested out vestlandspasienten.no. Now it's all the other health establishments' turn. On Monday, vestlandspasienten.no became available for everyone who is patients at any of the hospitals in Health West.

At vestlandspasienten.no you can:

- Get an overview over most of your appointments online
- Transfer your appointment directly to your personal calendar

Additionally patients at some chosen pilot departments will get the opportunity to certify that they will show up to their appointment, and send an electronic message if they have any questions or wish to reschedule. Everyone that sends a message will be contacted within two business days.

### **Health Førde also joins**

The departments in Health Førde that were able to become pilots for *Everyone Shows Up* this time around are the medical department, psychiatric department, and the ear, nose and hearing departments.

“At this moment the hospitals do not have the opportunities to send an electronic message back to the patient, but this is a highly prioritized task, and we will work hard to make this happen by the fall of 2014,” Hilde Christiansen says.

Although all patients in the Health West region will now have access to vestlandspasienten.no, Health West is still in the starting phase of deciding what they wish to offer their patients and their relatives.

“We’re taking one step at a time, because we wish to get some experience before we move forward. But of course, in the long term, everyone will get access to all the functions,” Christiansen says.

### **Use it**

Now she hopes that all patients will start using Vestlandspasienten.

“We have a user panel that we work closely with, who has provided us with a lot of feedback. Now we’re only hoping that more people will start using this solution. It is extremely important that we get as much feedback on this from patients and their relatives as possible. For those of you who are not comfortable using the internet, there is no need to worry. The appointment letter will come in the mail just like before, and it is still possible to call the hospital.”

### **SMS- reminder and better appointment letters**

Vestlandspasienten is a part of the much larger project, *Everyone Shows Up*, in Health West. Here they are working on several smaller projects that are supposed to improve the

communication process with patients. Among other things they are now testing out sms-reminders that go out to all patients. These text messages come both right before their appointment and at the same time that they receive the appointment letter in the mail. The hospital is also working on improving the appointment letter to make it more comprehensible.

### **Urging patients to show up to their appointments**

The *Everyone Shows Up* project is the answer to the 82,000 Health West Patients that did not show up to their appointment in 2012. That number was 87,000 in 2013. In addition there were 147,000 patients that wished to change their appointments, and many of them on a short notice. This is one of the reasons why the outpatient clinics had to plan 480,000 patient appointments all over again in 2013.

“We are urging our patients to show up to their initial appointment. The waiting time will then reduce itself. But, we have realized that we have to work on our accessibility and communication. Too many people have difficulties getting in contact with us. That is why we are finding new ways to improve communication channels. Vestlandspasienten is the largest aspect of our improvement,” says Christiansen, who believes that vestlandspasienten will be a good tool for many people to have in a busy weekday.

Published 25.04.2014

Changed 04.06.2014 23:58

<http://www.helse-stavanger.no/no/nyheter/Sider/na-kan-alle-pasienter-i-helse-vest-sjekke-timene-sine-pa-nett.aspx>

### **Now all patients in Health West can check their appointments online**

For three months, three pilotdepartments in Health Stavanger have been testing out Vestlandspasienten- a project that makes it so that patients can check their appointments online. After the 28th of April all the other patients at the other hospitals in Health West will be able to do the same by logging into [www.vestlandspasienten.no](http://www.vestlandspasienten.no)



*A picture of how the overview of you appointments will look online after you log in.*

At [www.vestlandspasienten.no](http://www.vestlandspasienten.no) you can:

Get an overview of your appointments online (currently you can't see all your X-ray appointments as well as some other appointment). If you wish, you can transfer an appointment directly into your personal calendar.

In addition to this, all patients at some of the pilot departments have the opportunity to confirm that they will come to their appointment, and send an electronic message if they have any questions or if they wish to reschedule. Everyone that sends the hospital a message will be contacted over the phone within two business days.

“At this moment the hospitals do not have the opportunity to send an electronic message back to the patient, but this is a highly prioritized task, and we will work hard to make this happen by the fall of 2014,” Hilde Christiansen says

### **We hope that a lot of you will utilize this solution/service – Please give us feedback!**

She points out that although all patients in the Health West-region will now get access to [vestlandspasienten.no](http://vestlandspasienten.no), Health West is still in the early phase of what they wish to offer their patients and their relatives.

“We’re taking one step at a time, and wish to gain important experience before we take a step further. That is why we have the pilot departments. In the long term all patients will get

access to all the new functions however,” says Christiansen.

Now she hopes that all patients will start using Vestlandspasienten.

“We have a user panel that we work closely with. They have provided us with a lot of feedback. Now we’re only hoping that more people will start using this solution. It is extremely important that we get as much feedback on this from patients and their relatives as possible. Those that wish to give us feedback can email us at [allemoter@helse-vest.no](mailto:allemoter@helse-vest.no),” she continues.

For those of you who are not comfortable using the internet, do not worry. The appointment letter will come in the mail just like before, and it is still possible to call the hospital.

### **SMS- reminder and better appointment letters**

Vestlandspasienten is a part of the much larger project, *Everyone Shows Up*, in Health West. Here they are working on several smaller projects that are supposed to improve the communication process with patients. Among other things they are now testing out sms-reminders that go out to all patients, not only right before their appointment, but also at the same time that they receive the appointment letter in the mail. Another project is working on improving the appointment letter and making it more comprehensible.

### **Urging patients to show up to their appointments**

The *Everyone Shows Up* program is the answer to the 82,000 patients in Health West that did not show up to their appointment in 2012. That number was 87,000 in 2013. In addition there were 147,000 patients that wished to change their appointments, and many of them on a short notice. This is one of the reasons why the outpatient clinics had to plan 480,000 patient appointments all over again in 2013.

“We are urging our patients to show up to their initial appointment. The waiting time will then reduce itself. But, we have realized that we have to work on our accessibility and communication. Too many people have difficulties getting in contact with us. That is why we are finding new ways to improve communication channels. Vestlandspasienten is the largest aspect of our improvement”, says Christiansen, who believes that vestlandspasienten will be a good tool for many people to have in a busy weekday.

[Health West Stavanger has tested out the internet solution already from January 2014. Read about their experience here.](#)

[Read about the January launch in Health Stavanger here](#)

[Read more about Everyone Shows Up in Health West here.](#)

## **If everyone met...**

**The hospitals on the West Coast had 82,000 appointments that the patients did not show up for last year. “What if everyone came or gave notice ahead of time that they could not come? What if we organize the hospital’s communication procedure better? Then maybe planning for everyone would be easier and better, and the waiting time would be shorter.”**

*By Hilde Christiansen, staff and organizational director, Health West*

In Health West we are about to start working towards how we can shorten the wait time and avoid a breach in deadline for patients at the hospitals.

Within this year, we will strive to keep the wait time under 65 days, and we will not have any breaches in deadlines. In previous years we had 82,000 appointments not kept in our outpatient clinics, and had to plan 430,000 all over again. Outpatient clinics are the health care facilities where you get appointments for diagnosis and treatment without being admitted to the hospital.

We know that we have to improve the communication between the hospitals and the patients and their relatives. The information you get from us has to be good, simple and comprehensible, both what we say to you in person and what we write. We will continue to send both an appointment letter and the SMS in time, and the format has to be easy enough for you to understand what the letter and the information is about.

As a patient, the hospitals will greet and serve you the same way across the West Coast, regardless of what hospital to which you have been referred to seek your treatment. There are good opportunities for those of us who work in the health services to share our expertise, training and resources across our health region. We have to look at how we organize ourselves using good planning and leadership. Good planning means that you have to meet your health staff with checks and inspections, that as a patient you will get an appointment after having a referral to a clinic or hospital, and that you will receive a new appointment with the next person you are asked to see for further treatment before you leave the hospital. This applies either if you are released, admitted or have just visited the outpatient clinic. Our goal is clear, and we are not too far away from achieving it. You will get an appointment the first time you are referred to us, well within the timeframe that is set for diagnosis and treatment. Much work has been done already, but if we do not change the way we plan our procedures, we’re not going to meet the challenges we face in reaching everyone for proper health care.

We often hear criticism from professionals, saying that we have too little time for patient treatment. If we organize ourselves better our coworkers will have more time to concentrate on their appointments with patients. The goal behind all of this is to be better prepared to

insure that the patients' needs are met, as well as all health related deadlines. Careful organizing of the tasks is also necessary so that hospitals will be able to meet the needs for more services without an increase in resources.

If we get better in communicating with you as a patient, we can, together as team, avoid having to plan so many appointments all over again. If we can make this happen, the waiting time will also reduce significantly and the breaches in deadlines can disappear.

In case you are wondering about the vocabulary we often use within hospitals, like waiting time and breach in deadlines: Approximately 70 percent coming to the hospital are in need of immediate assistance. These people obviously get immediate help. The waiting time then gets calculated for the 30 percent who are being referred by their doctor or other medical facility. A breach in deadline occurs when you are promised an appointment at the hospital within a certain timeframe and this promise is not kept.

We are working as quickly as we can with focus groups to reach our goal for the waiting time and the deadline breach. Several measures will be presented for the board in Health West before the summer.

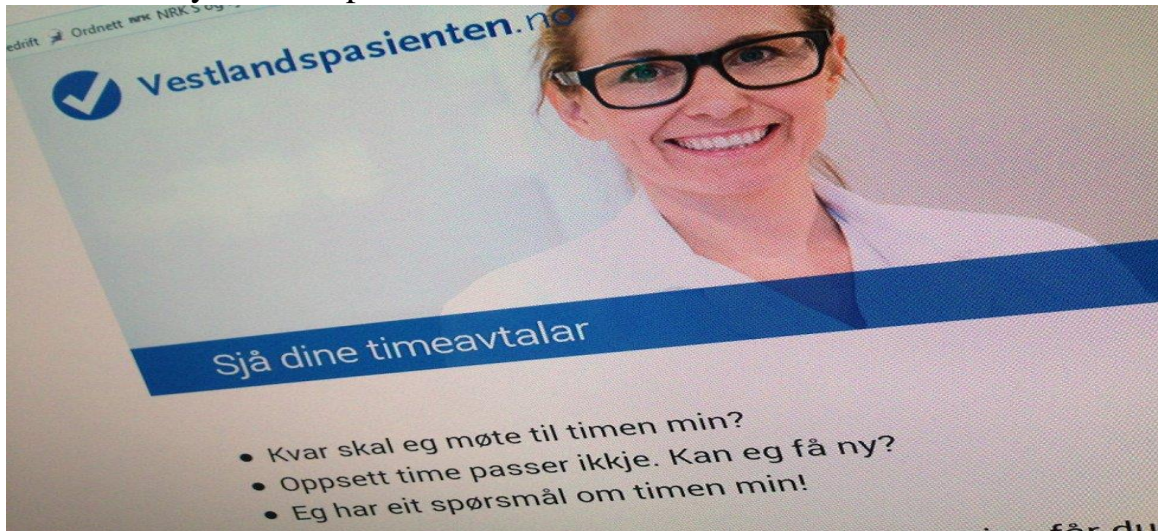
So what do you think? What do you believe that the hospitals should do for people to remember their appointment?

Hilde Christiansen  
Staff – and organizational director

<http://www.firdaposten.no/lokalnytt/article7594123.ece>

### **Sick? Make sure to get better online!**

You can soon communicate and change your medical appointments electronically with hospitals on the West Coast.



Published 09.19.2014 kl 17:09 Updated 09.19.2014 kl 17:11

January of this year marked the first launch of vestlandspasienten.no, a secure internet portal for patients at the hospitals in the west region. We did this because as many as 85,000 patients did not show up to their appointment in 2013, and a lot of people wished to change their appointment. Now, you can create a new appointment online.

On the 22nd of September at 12 pm we are launching the offer that will make it possible to communicate electronically with all the public hospitals in Health West.

Additionally you will be able to see your appointments at the hospital with date, time, location, the duration of the appointment, and in most instances, the name of your practitioner. You also have the opportunity to place your appointment in your electronic calendar, and you can confirm if you are coming.

By the end of fall/winter, you will also be able to see the status of your hospital referral, and an electronic version of the appointment letter.

- Soon you will have everything you need online and you should be able to keep track online all the way from your doctor, to the referral, to your first appointment at the outpatient clinic or x-ray, says Hilde Christiansen in a press release, who is a staff- and organizational director at Health West RHF.



Health West is the project leader of the *Everyone Shows Up* program, and Christiansen hopes that many patients will start using [vestlandspasienten.no](http://vestlandspasienten.no) and take the advantage of the opportunity to confirm whether they are coming to their appointment or not.

A summary in 2013 showed that 85,000 patients did not show up for their appointment, and that approximately 147,000 patients wished to change the time of their appointment.

- The hospitals use a lot of time and resources on re-planning appointments for many different reasons, and we have mentioned some of them here. As many as 480,000 patient contacts were re-planned in 2013 on our outpatient clinics. At the same time we have many patients who have to wait too long to get an appointment. On top of this, we have to make sure that breaches in deadlines are put behind us in 2014, the project leader explains.

<http://www.helse-stavanger.no/no/nyheter/Sider/vil-fa-fleire-pasientar-til-a-mote-prosjektet-alle-moter-er-i-gang-.aspx>

### **The Project *Everyone Shows Up* has started**

The planning will be easier, patients will be able to show up to their appointments more often, and a breach in any deadline will be history. This is the goal of the hospitals on the West Coast with their new project *Everyone Shows Up*.



*The goal of Everyone Shows Up is to make patients show up to their appointments. Foto: Eivind Senneset.*

“The goal is to increase the quality of our services – both for patients and staff. The number of consultations at the hospitals increases year by year. Good organizing of the work is necessary for hospitals to meet the expected needs of services, without expecting an increase in resources,” says Hilde Christiansen, who is the project leader of *Everyone Shows Up* and also the staff- and organizational director in Health West.

In 2012, 82,000 patients did not show up to their appointment at the outpatient clinics in Health West, and 430,000 appointments had to be rescheduled. At the same time 47,000 people were being placed on a waiting list.

“If we improve our communication with patients, we may avoid having to plan everything all over again and reschedule for so many. Then the waiting list will get reduced significantly and we can get rid of all the breaches in deadlines,” continues Christiansen.

### **We just wish to improve our services for our patients**

The project *Everyone Shows Up* officially started in September. There will be new, digital

solutions for booking appointments, new routines for calling the patients and reminding them of their appointment, and a clearer message about the time and place for the consultation. “Feedback from patients show that there are especially two things that are unsatisfactory with our present system. One is the communication between the hospital and the patient, and the second is the way we organize our services,” says Herlof Nilssen, administrative director in Health West.

He also hopes that the project will result in active patients who notify the hospital if they cannot show up to their appointment.

“If we manage to communicate well and clearly, if we are easily available, can give more services without a long waiting time, and can get more patients treated without using more resources. If we can do that, then we can provide much better services for our patients on the West Coast,” says the director.



*Marianne Eike Sivertsen (from the left), Marit Lie og Camilla Torgersen are some of the people working on the pilot projects that «Everyone Shows Up» has gotten started. They're making it so that more people show up to their appointments at the Stavanger University Hospital by calling the patients. Foto: Svein Lunde, Helse Stavanger HF.*

### **Better task assignments and routines**

Several pilot departments have already started working on this, and thus far, their experiences are positive.

“Good organization of all the tasks needed is the foundation for good professional work. Better task assignments between those that work at the hospitals, and good routines for improving patient planning through good management lead to an increase of the hospital taking advantage of professional capacity,” says the technical director in Health West, Baard-Christian Schem.

He emphasizes that a lot of good work has been done already.

“But if we do not change how we go about our planning, we’re not going to overcome our challenges. We often hear criticism from professionals saying that we do not have enough time to spend on patient care. If we organize ourselves better, our staff will have more time to concentrate on their meetings with patients. We will be even better at attending to our patients’ needs and meet the health professional’s deadlines,” Baard- Christian continues.

### **This happens in the fall**

A lot will happen fast in this project. There are four focus areas in the fall; dialogue between health authorities and patients, better organizing of outpatient clinics, advanced task-planning and management- and staff bonding.

“Some of the smaller projects include development and use of technology, change in how we plan and organize our work, and how tasks can be made easier, better and supported by technology. Skillful colleagues are also beginning to establish a communication strategy to reach out to all colleagues and co-workers in the different regional health authorities, as well as reaching out to doctors, patients and relatives,” concludes project leader Christiansen.

Published by Mirjam Pletanek Klingenberg 09.30.2013

Updated 06.07.2014 22:38

## **This is *Everyone Shows Up* in Health Stavanger**

*Everyone Shows Up* is a large Health West- project that will help more patients show up to their appointments- in addition to achieve a more predictable workday for the staff. Health Stavanger HF is very devoted to this project, and here you can see what is going on where.



*Irene Mathisen is the projectleader for the part-projects Vestlandspasienten and the calling center in Health Stavanger HF, while Anund Rannestad is the projectleader for the whole *Everyone Shows Up* project in Health Stavanger HF.*

Health Stavanger HF is very dedicated to the *Everyone Shows Up* – where a better operation, easier workday and better communication with patients are some of the things they wish to obtain.

“We are already starting to see the positive effects of what we have done. All in all six different pilot departments from Health Stavanger are taking part of the different sub-projects. It is very exciting,” says Anund Rannestad, project leader for *Everyone Shows Up* in Health Stavanger HF.

### **Task scheduling started first**

It is the sub-project “task-scheduling” that has been in Health Stavanger the longest.

– Task scheduling is about planning ahead of time to create a greater predictability.

Technical solutions are custom-designed for the project to create a better overview and access to planned tasks and work schedules, says Siri Haugland, project leader for task scheduling in Health Stavanger.

Everything is planned and registered in Gat, and it transfers the same information over to an appointment schedule in DIPS, to Orplan, a calendar in Outlook, and then over to the intranet page of the present department.

The surgeons at the gastro department have the most experience with the new system, and actually started task scheduling in Gat last year.

The doctors there now possess an overview over their work hours and work tasks in their job calendar on their smartphones. Both they and their partners can also get an overview of the schedules of all the doctors in their intranet and they have begun using the software integration towards Orplan. In these days they are also starting to transfer information over to DIPS (Distributed Information and Patient-data system in hospital).

Furthermore, the doctors and secretaries at the Lung-department in the medicine section and at the children-habilitation center *Østerlide*- at the Women- and children department are now starting with the same processes.

“The input and feedback from departments and doctors are so far very positive – both on the project itself and the results along the way,” Rannestad says.

### **The pilot departments have developed the call-service**

The call-service is another sub-project in *Everyone Shows Up*. The call-service contacts patients by phone to remind them about their appointment. Since June 2013, four departments at Stavanger University Hospital have actively used this call-center; The Gastroenterological Surgery Department and the hearing center at the ØNH-divison, the Dermatology Department, and Orthopedic polyclinic.

“The process has been time consuming since there was no procedure for how to call a patient at first. However this has been effective. There has been a noticeable increase in patients showing up to their appointments.

The pilot departments gave useful and important input contributing to a second version of the call- service, where they are calling via Lync”. The project leader of the call- service, and vestlandspasienten.no in Health Stavanger, Irene Mathisen, explain that they want to develop a technical solution where they do not need to call all patients, but rather patient groups more apt to miss their appointments.

### **Vestlandspasienten.no gives a better overview of appointments**

Health Stavanger has been a huge part of developing Vestlandspasienten.no – this is a webpage where all patients can log in and get an overview of all the appointments they have at Stavanger University Hospital or Dalana DMS. The same departments that first started using the Call-service also started using vestlandspasienten.no.

«We are the first region in Norway that are using helsenorge.no to improve the patient communication in this fashion», explains Rannestad.

## – Patients will notice the difference

The 27th of January, [www.vestlandspasienten.no](http://www.vestlandspasienten.no) will have their launch. Then the patients at the pilot departments will have the opportunity to check and confirm their appointment online. During the spring, more hospitals in Health West will be added, and the goal is to have a safe webpage where patients can perform several actions, such as rescheduling, canceling, or chatting with health personnel directly. Patients will notice the effect of *Everyone Shows Up* in the future.

«The patients will get a reminder about their appointment by phone, get a better overview over their appointments online, and also have improved communication channels with the hospital. I am proud of Health Stavanger, and their contribution in developing this system», Rannestad concludes.

### **Contact information for *Everyone Shows Up* in Health Stavanger HF**

Anund Rannestad, prosjektleder

Mail: [anund.rannestad@sus.no](mailto:anund.rannestad@sus.no)

Irene Mathisen, prosjektleder Elektronisk brukerdialog (Vestlandspasienten og Ringetjenesten)

Mail: [irene.mathisen@sus.no](mailto:irene.mathisen@sus.no)

Siri Haugland, prosjektleder Avansert oppgaveplanlegging.

Mail: [siri.haugland@sus.no](mailto:siri.haugland@sus.no)

You can read more about *Everyone Shows Up* here.

Published by Mirjam Pletanek Klingenberg. Photo: Svein Lunde. 18.12.2013

Updated 10.08.2014 21:39



<http://www.dagensmedisin.no/nyheter/vestlandspasienter-far-timer-pa-nett/>  
Oppdatert 29.01.14 Nyheter

## Patients on the West Coast will get appointments online



NEW INTERNET SOLUTION: Vestlandspasienten was launched 27th of January.

Foto: Skjermdump fra vestlandspasienten.no

Patients in Stavanger now have an overview of their appointments online. By the end of the year the rest of the hospitals on the West Coast will follow.

Patients at Health Stavanger HF and Jæren DPS will be the first with an opportunity to login to vestlandspasienten.no and get an overview of their appointments. Later this year all citizens of the West region of Norway will have the opportunity to use vestlandspasienten.no. «Vestlandspasienten is the start of a new communication channel for the public hospitals in the West region», the project leader, Margrete Lexow, explains. In Norway, Health West is the division to offer this online solution, and vestlandspasienten.no is a part of the *Everyone Shows Up* project.

### Want to get rid of all breaches in deadlines

There were 82.000 missed consultations for Health West in 2012 alone. The hospitals are now trying to give patients more suitable appointment hours, and also make it easier for them to reschedule the appointment. All patients having an appointment at Health Stavanger or Jæren DPS are getting an overview of their appointments, and patients at the four pilot departments in Health Stavanger is also getting the opportunity to confirm their appointment, and add them to their calendar.



**An appointment letter will also arrive in the mail**

Vestlandspasienten will be a supplement to the already existing communication channels. Patients will still be notified about their appointment with a post letter.

«The patients now have a new way to communicate with Health West. Later the patients at the pilot departments will have the opportunity to send electronic messages from the portal if they want to cancel, reschedule, or just have general questions about their appointment. I believe patients will see this as a positive way of communication, especially patients who do not want to call, or are having problems getting their phone call through», claims Lexow. The goal is that the online portal eventually will be available at a national level.

**Målfrid Bordvik**

[malfrid.bordvik@dagensmedisin.no](mailto:malfrid.bordvik@dagensmedisin.no)

<http://www.aftenbladet.no/nyheter/lokalt/stavanger/Skriv-meldinger-pa-nett-direkte-til-SUS-3517702.html>

## **Write messages online directly to SUS (Stavanger University Hospital)**

Everyone that wants to can now get an overview of their appointments and write messages directly to Stavanger University Hospital, SUS. Patients will receive a response back to within two days.

**Dag-Henrik Fosse**

**Published:** 24.sep. 2014 07:42 **Updated:** 24.sep. 2014 07:42

By logging into the internet portal Vestlandspasienten.no all patients in Health West can directly communicate with health personnel in the department they are supposed to visit at SUS. Then patients wouldn't need to call the hospital to change their appointments or give them a message. In addition, patients can also see the appointments that they have at the hospital with date, time, place and duration, and in some instances also the name of the person who will meet with them. The appointment letter will arrive in the mail just like before. Patients can log in with their bank-ID or another valid identification card (Buypass or Commfides).

But there are still some exceptions. Patients who are going to get an xray can see their appointments, but they cannot write a message to the department. You may also see your kids appointments if they under 12 years old and are living on the same address as you, along with the name of the person who is treating you and the phone number of the department you are going to. For children between 12 and 16 years old there is still no way for them to see their appointments on Vestlandspasienten, unfortunately.

Health West has developed a internet portal for their patients, which was released in January 2014. New from the 22nd of September is that patients can write electronic messages to the department that they are going to. Patients can log onto their page through helsenorge.no or vestlandspasienten.no. The solution will expand further in 2014 and 2015. Health West is still the only health region that offers appointment scheduling and electronic messages online.

Vestlandspasienten is a part of the much larger project *Everyone Shows Up* in Health West. The goals are to increase the quality on their services so that their planning improves, the patients meet more often, and that a breach in deadlines becomes history. You will also receive information about your deductible, prescriptions, vaccines, side effects and health insurance card.

The system was implemented in all hospitals on the 22nd of September.

<https://twitter.com/HelseVest/status/449189797798875136>

## Twitter messages



**Helse Vest**@HelseVest

vestlandspasienten.no: When *everyone shows up* to their appointment at the hospital, the waiting time becomes shorter for everyone. Presented at #helseinfo14

Increase the quality of the hospitals! The major initiative *Everyone Shows Up* has started:  
<http://bit.ly/GzDs3J> @haukeland\_no @sus\_no @HelseFoerde @helsefonna

<http://www.helse-vest.no/no/nyheter/Sider/SMS-til-alle-pasientar.aspx>

## **SMS to all the patients**



The hospitals in Health West would like to make it easier for you to remember your appointment. Now the SMS-reminder scheme will be expanded.

Today we will start expanding the SMS-reminder scheme upon allocation of your appointment in the Health West hospitals. By the end of November all patients who have registered their mobile number with the hospitals in Health West will be offered these services:

- SMS 24 hours after you receive your appointment
- SMS reminder 72 hours before your appointment

### **What does the SMS say?**

An SMS at the allocation of your appointment will look something like this:

«You have been allocated an appointment 10.09.2014 17:45 at the Ear-Nose-Neck/Throat department. For more information, go to Vestlandspasienten.no. You will receive an appointment letter in the mail. If this is a changed appointment you will also receive a letter about this change in the mail. Best wishes Helse Fonna HF. (You cannot respond to this message.)»

## You will still receive a letter in the mail

All patients will receive an SMS. A letter with your scheduled appointment will still be sent to you in the mail like before. You can log onto [vestlandspasienten.no](http://vestlandspasienten.no) and write a message to the hospital for more information.

## When will the SMS be sent out?

The SMS will be sent out during weekdays [Monday-Friday], between 7:00 am and 4:00 pm-also during holidays that land on weekdays. On Saturdays you'll only receive an SMS-reminder.

## Do the hospitals have the right number?

It is important that hospitals have the right number. Therefore, contact the department you're a patient at and make sure they have the right number registered. If you have already received an SMS from the hospital you can contact them if there is any changes in the number.

## SMS that's sent wrong

If you have experienced getting an SMS about an appointment you have no knowledge about, the appointment could be for a child or someone you're a relative to. It could also be expired information. We ask you to please contact the department you have been scheduled an appointment at if you have any questions.

## When will the SMS-reminder scheme start taking place?

10.10.2014 Health Stavanger

Jæren DPS

10.15.2014 Health Førde

11.03.2014 Health Bergen

Haraldsplass Diakonale Sykehus,

Hospitalet Betanien,

NKS Olaviken alderspsykiatriske sykehus,

Solli DPS

11.19.2014 Health Fonna

Haugesund S.forenings Revmatismesykehus AS

<http://www.helse-vest.no/no/FagOgSamarbeid/alle-moter/Sider/Elektronisk-brukardialog.aspx>

## Electronic user dialogue



An electronic user dialogue is about improving the communication with patients and their relatives to get more people to show up to their appointment. It will be easier to keep up with your appointments at the hospitals, and it will be easier to contact the hospital. It will also be possible for patients and relatives to take part of the planning of their own treatment.

## Call- center

The call- center will call the at-risk patients who most likely will not show up to their appointment, and remind them of the appointment. The people that they choose to call will be decided from individually adapted criteria's.

Part-project leader: Rune Wallmark

## Vestlandspasienten.no

On vestlandspasienten.no you can now log in and get an overview of all your appointments at the hospitals in the Health West region. This also includes the private hospitals in Health West.

On vestlandspasienten you can:

- See the time and place of your appointments in a chronological order
- See how long your appointment is estimated to last
- See the name of the person who will be treating you

- Confirm if you will show up to the appointment you have been scheduled to
- Send an electronic message to the hospital if the appointment you received does not work for you
- Send an electronic message if you have any other questions
- Check your children's appointments (under 12 years old and registered with the same home-address as you)
- See the status of your referral
- See the status of the referral of your children (under 12 years old and registered with the same home- address as you)

For more information go to [vestlandspasienten.no](http://vestlandspasienten.no) or contact part- project leader [Pernille Gisselmann](#).

## SMS-reminder

An SMS reminder will be sent out as soon as the patient has received their appointment. This reminder will be sent out 6 pm the same night that they received the appointment (besides on Fridays). Then you will receive the appointment letter in the mail and a new SMS- reminder 24 hours before your appointment.

Project leader: [Rune Wallmark](#)

## New and easier appointment letters

The appointment letter that you will receive in the mail will be shorter, easy-reference and understandable.

Project leader: [Merethe Storegjerdet](#)

## **Health West can take in 300,000 more patients**

---

**If more patients show up, and hospitals extend their opening hours, they can perform closer to 300 000 more consultations a year, Health West estimates.**

### **Kari Pedersen**

**Published:** 19<sup>th</sup> of June 2013 09:59 **Updated:** 19<sup>th</sup> of June. 2013 09:59

“We can’t assume that we will be able to remove absolutely all no-shows, but we can make a lot more happen than what people think,” Hilde Christiansen, the staff- and organizational director in Health West says.

Today, the board of directors in Health West will meet and discuss the ambitious plan to increase patient treatment at all their hospitals outpatients’ clinics. At the outpatients clinics they treat all patients who are not hospitalized.

### **82,000 do not show up**

In 2012 there were 82,000 patients who did not show up to their appointments at the outpatients clinics in Health West. At the same time there were 47.000 people who stood on a waiting list by the end of the year. Many of these people are still waiting to get an appointment at an outpatient clinic.

The health region board of directors now believes that it will be possible to get 50,000 more patients to show up to appointment they agreed to.

The answer is new digital solutions for booking, new routines for calling patients and quicker and clearer messages about time and place for the consultation.

### **Busy around lunch time**

In addition the board of directors in the health region has analyzed all patient treatments at the outpatient clinics. Their analyses show that there is more activity at the hospitals during the hours before and right after lunch. In the morning and afternoon there are a lot fewer people who are scheduled for appointments. The administration will try to do something about this and sketch up more solutions to decrease the wait time for everyone.

The opening hours at several outpatient clinics will also extend to 5 pm (instead of 4 pm) and more people will be calling earlier in the morning or between 3 pm and 5 pm. The doctors who’s on watch at the outpatient clinics has to start their day earlier, or work an hour later. On these days the doctors have to evaluate if they want to not show up to regular morning meetings and also not take upon themselves any schooling of nursing students.



Nurses and other health professionals will also have their work hours expanded. The patients who are more time consuming will receive an appointment in the morning, while easier checks will be scheduled later in the afternoon.

### A huge amount

If the activity at the outpatient clinics gets closer to how it is during the busiest hours also during the morning and in the afternoon, the capacity at the hospital's will increase significantly.

It will be an increase of 220,000 more consultations, assume the doctors and the rest of the health personnel at the clinics is just as effective the whole day as they are on the busiest.

If more patients show up to their appointments as well, and booking becomes easier, the capacity can increase to as much as 300,000 consultations yearly.

If the activity at the outpatient clinics in the morning and evening gets closer to how it is during their busiest hours, it will have a large impact on the hospital's capacity. At the most we are talking about 220.000 more consultations. But that is if the doctors and the rest of the clinic staff are just as effective the whole day as they are when it is very busy.

### - Theoretical potential

Question: Realistically, how many more patient visits do you think you will gain from the solutions you are sketching?

What we have estimated is purely theoretical. To say this way: Although we know it's possible to drive 90 kilometers on the highway, it doesn't always work that way [if the weather conditions are bad or there is a lot of traffic]. But it is important that we at least try to take advantage of the latitude (handlingsrommet) that we have pointed out. It is about getting more patients to show up and to work smarter at the hospitals, she says.

### - Important work

Lise Karin Strømme is the corporate group's elected representative and member of the board of directors in Health West. She says that what the administration has started is very important work. That includes the work towards getting patients to show up and to make better use of the outpatient clinics.

Question: Is it realistic to be talking about having 300,000 consultations a year?

"I do not think it is realistic, but even with less than that it is still a lot to gain from this," says Strømme.



HERE ARE THE PATIENTS SHOWING UP: This is where all the patients show up to their appointments at the medical department. Unni Svendsby and Vibeke Kaarstad Pedersen do experience that patients does not show up. ARKIVFOTO: RUNE MEYER BERENTSEN

## Young men have the most no-shows

Men in the age between 20 and 49 years old are the worst when it comes to not showing up to their appointments, shows an analysis from Health West. Now they are trying out different methods to get more people to show up.

**Marit Fosso**

**Published:** 19.jun. 2013 16:47 **Updated:** 19.jun. 2013 16:47

BT writes that today there are many patients who do not give a notice when they do not show up to their appointment. According to an analysis by Health West, in 2012 there were about 82,000 of these instances.

More often it is men who do not show up

The analysis shows that it's more often men who do not show up to their scheduled appointments, and that amount of people not showing up is located in the age group 20-49 years old.

“Still it is not right to say that young men are the worst sinners,” says Hilde Christiansen, the staff- and organizational director in Health West.

The screenshot shows a web form for changing or canceling an appointment. The title is 'Endring av time'. Below the title is a paragraph of text explaining the rules: appointments must be changed at least 24 hours in advance (Monday to Friday) to avoid a fee; otherwise, a fee applies. It also mentions that patients will receive a confirmation email and a reminder text message. The form fields include: 'Personalia' section with 'Etternavn' (last name), 'Fødselsdato' (date of birth in dd.mm.yyyy format), 'Kjønn' (gender) with radio buttons for 'Kvinne' and 'Mann', 'Telefon' (phone number), 'Alt. telefon' (alternative phone number), and a large text area for 'Kommentar / min tilgjengelighet' (comment / my availability). Below this is a section for 'Aktuell avtale' (current appointment) with a 'Dato' (date) field in dd.mm.yyyy format.

**CANCELLING:** Patient at certain department at Haukeland can now change or cancel their appointments this way.

**PHOTO: SKJERMDUMP, MINJOURNAL.NO**

Christiansen believes it might be because these men have received their appointment notice too late.

“Many in this age-group travel, or work offshore. Therefore, this might be another good reason to why we should improve our digital solutions; because we know that most men are pretty digital,” she says.

Besides, according to the analysis it is often patients with physical disabilities or injuries who do not show up. About 43,000 out of the 82,000 who did not show up last year had physical disabilities, not psychological.

There are still a larger amount of patients within intoxication/drug and psychiatry who does not show up to their planned appointments.

### New and digital solutions

In Health Bergen it was as many as 37,238 patients who did not show up to their appointment. That means that much time to treat patients gets lost.

Haukeland Hospital has implemented several measures to get more people to show up to their appointments, such as the opportunity to cancel or reschedule their appointments online, and reminding patients about their appointments by text messages and calling them.

“These different measures have until now only been tested on a small portion of all the hospitals in Health West,” says Anne Sissel Faugstad, the Vice- administrative director in Health Bergen.

She’s also saying that Health West will discuss the analysis report at a board of directors meeting today.

“Then we will work towards finding other measures that can get people to get better at showing up to their appointments,” says Faugstad.

According to Faugstad, they haven’t quite yet found a satisfactory electronic solution.

“We have to analyze the individual outpatient clinics to find solutions that are tailored for each one. Which solutions are best will vary between the different subject areas/branches of knowledge,” she says.

“It is important that we find good measures, so that we can utilize all the hours that becomes available when people do not show up.”

## APPENDIX B

Table 5:

*Pentadic Ratios in Everyone Shows Up*

Ratio	Definition	Explanation/Example
Agency-Act	The tools determine how a person will act	Since there are no good communication channels, no reminder system, no self-scheduling system and no free Wi-Fi at hospitals, patients are not showing up to their appointments
Agency-Agent	The available tools shape a person's character	If Health West creates all the right tools, patients will become more active in their own health and appointment scheduling
Agency-Purpose	The available tools shape a person's intentions	If Health West creates better communication channels, reminder systems, appointment scheduling system and Wi-Fi, patients will go to their appointments, which will increase the efficiency of health care services
Agency-Scene	The tools constrains and enable the setting or situation	If the right instruments are in place, the hospital's waiting lists will stop growing.
Act-Scene	The action shapes the scene/location	Because patients are not showing up to their appointments, the waiting lists are getting longer and the hospital's resources are low because of all the work with rescheduling

Act- Purpose	The action tells you something about the person's intent	The patient will show up to the appointment if he or she wants everyone to get to see a doctor faster, and shorten down the waiting list
Agent-Act	Certain people act in certain ways	Men will show up if Health West creates an online appointment system, because all men are internet-savvy
Purpose- Act	A person's intent shapes his or her actions	If the patient want to increase the efficiency at the hospitals and shorten down the time they and other patients must wait for an appointment, the patients will show up to their initial appointment
Purpose- Agency	Intention determines the right tools to use for the job	If Health West wants patients to remember to go to their appointments, and make the health care system more efficient, they have to create a good reminder system, and a self-scheduling online system
Act – Agent	The action shapes the person	When patients do not show up it shapes the view Health West have about them. Patients who aren't showing up are seen as foolish, lazy, forgetful, not good at calling, not well at keeping their promises, and not smart. This is why they created an “easy” system for them to control their appointments themselves and show up to their appointments.

The words and symbols that were emphasized in all four artifacts (website, appointment letters, text message and articles about the *Everyone Shows Up* program) were:

Table 6:

*Words and Phrases Mentioned the Most*

<b>Word/Phrase</b>	<b>#of times used</b>	<b>Placement</b>	<b>Action Expected</b>
(Log on to) Vestlandspasienten (is the beginning of something big)	92	It is located everywhere. In headlines, headings and main text.	The phrasing of the word tells those that reads the articles that vestlandspasienten is this amazing online solution that will revolutionize the way they feel about checking their appointments and going to the hospital. It gives patients on the West Coast an opportunity to be more active in their own health.
Show up	49	It is located in a few smaller headings, and in the main text	It can sound very demanding, where Health West is ordering patients to follow their instructions. It is used to emphasize the importance of patients showing up to their initial and follow up appointment.
Everyone shows up	43	Mostly in titles, headings and at the beginning of a paragraph. It is the name of the Health Outreach Program	Most people want to be a part of a community, and fear being different or alone, and so by phrasing <i>Everyone Shows Up</i> like something positive, Health West makes their patients feel that they are a part of a community, and doing something good if they show up. If you do not show up, you go against the norm, which is associated with something negative.
Communicate/Simplify and improve communication	32	It is located in the main text	With these words/phrases Health West is telling their patients that their website will make it easier for them to contact and communicate with the hospital.

			<p>Communication between health care staff and patients is very important and will be improved significantly with these tools. With this Health West is also saying that everyone, no matter how smart you are, should be able to contact and notify the hospitals if they wish to talk to someone about their appointment or reschedule.</p>
<p>Change (your appointment or number)</p>	<p>30</p>	<p>It is located everywhere. In the titles, smaller headings, and in the main text.</p>	<p>It is used in order to identify that this is something that has already been scheduled, decided and agreed upon. It tries to make patients feel obligated and guilt and embarrassment if they cannot keep their promise. It is meant as a way to get patients to keep their appointment, or at least to contact the health personnel if they wish to change it.</p>



Table 7:

*Words and Phrases Mentioned Often*

<b>Word/Phrase</b>	<b>#of times used</b>	<b>Placement</b>	<b>Action Expected</b>
Waiting (time)	22	In the main text	No one likes to wait, and waiting can cause more damage if you are ill. When patients do not show up, they will be placed on a waiting list, as well as not letting anyone else see the doctor earlier. It is trying to create guilt for possibly pushing other people back on the waiting list. No one will need to wait longer for their treatments if everyone showed up or at least cancelled in advance.
Treatment/Get more patients treated	19	In the main text	The hospitals are saying that if the patients show up, they will get the treatment they need and the staff will make you feel better. However, if you do not show up, you will miss out on this treatment and you will not feel any better. Health West is also promising that if everyone shows up, they can get more people treated, which places the responsibility of other people's getting treated on not just the hospital's shoulders but also on the patient's.
Contact/call (us/the department)	17	In the main text	It is telling the patient that it is their responsibility to contact the hospital if they cannot go to the appointment. Health West is saying that the patient need to be more active in their own health and make the right call and contact them if they have any concerns.
Give/provide more/better services and increase the quality of the services	17	In the main text	With this Health West is saying that they have increased the quality of health care by implementing all these new strategies that will make

			the patients show up to their appointments.
Opportunity	17	In the main text	Health West is saying that the website is the first of its kind in Norway, and only offered to people who live on the West Coast. Therefore it is an opportunity that those patients should be thankful for, and take advantage of.
Keep track of your appointment, cancel or confirm	16	In the main text	Health West says that it is the patient's responsibility to show up to the appointment now that Health West has made the necessary changes (the website and the reminders) for them to show up.
Offer	14	In the main text	By using this word, Health West is saying that they made all these efforts for their patients to improve their lives, and that it is foolish of them not to take advantage of them.
Urging/encouraging our patients to show up to their initial appointment. Then the waiting time will go down	12	At the end of paragraphs	By placing these sentences at the very end of a paragraph, they emphasize their importance. Health West is also making it up to the patients if the wait time will go down or not, saying that the way that it will go down is if the patients show up to their initial appointment.
Breaches in deadlines will be put behind us/be history	12	In the main text	It gives patients an incentive to go to the appointment. If they go, they will not need to wait for an appointment, or receive a late appointment ever again.

Table 8:

*Words and Phrases Mentioned a Few Times*

<b>Word/Phrase</b>	<b>#of times used</b>	<b>Placement</b>	<b>Action Expected</b>
Reschedule	9	In the main text	Patients have to reschedule their appointments so that they can get the treatment they need. It is for their own good.
Read (your appointment letter)	8	In the main text	It sounds like an order again. It tells the patient that it is entirely up to them if they show up to the appointment or not, because everything they need to know is in that letter
If patients show up they can perform closer to 300,000 more consultations a year	6	In the title and smaller headlines	The message appeals to the patients role in helping the group by making the experience better for all
Easily available	5	In the main text	It is one of Health West's goals to be easily available for their patients by making all these internal changes to their health care system
Easier for you to remember your appointment.	3	In the main text	By implementing all these new communication channels, Health West believe that they will help those patients whose tendency is to forget their appointments
Safe/Secure	3	In the main text	Health West is saying that the website is safe, encouraging patients not to be afraid to use it
We can together as a team avoid having to plan so many appointments over again	3	In the main text	Is conveying that Health West and the staff at their hospitals feels the same way as the patients about the waiting list, and that the health personnel want to avoid having to plan so many appointments over again.
Will have everything you need	2	In the main text	It tells the patients that if they follow Health West's instructions

			and guidelines, and use the services they have given them, they will have everything they need to go to their appointments, have a positive experience at the hospital and get their health back.
This is something that will make her life a little bit easier	1	At the end of the first paragraph about a patient who really needs these services	It tells patients that someone's life will become much easier and better because of what Health West has done for them. Other patient's lives will become easier too, if they utilize these new services.
Sick? Make sure to get better online	1	In a title	If patients think that there is something wrong with their health, they can now go to <a href="http://vestlandspasienten.no">vestlandspasienten.no</a> and read more about symptoms, prevention and treatments there, or schedule an appointment at the hospital online.
Attending to our patient's needs	1	In the main text	It conveys that Health West is listening to their patient's needs and actin accordingly. That is why they created the reminder system and online system.
Some people have been waiting a long time for this	1	At the beginning after a title	It tells patients that the program Health West created is not just something that benefits the health care staff, but it also benefit patients. It tells patients that these are desirable services and that they are lucky to have them.
If you have to change your appointment, it might entail a longer wait	1	In the final statement in an important paragraph	It gives patients a reason not to change their appointment, because if they do, they might experience having to wait longer for their next appointment, and nobody likes to wait.